

Name
in
Full

Allen Alban

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

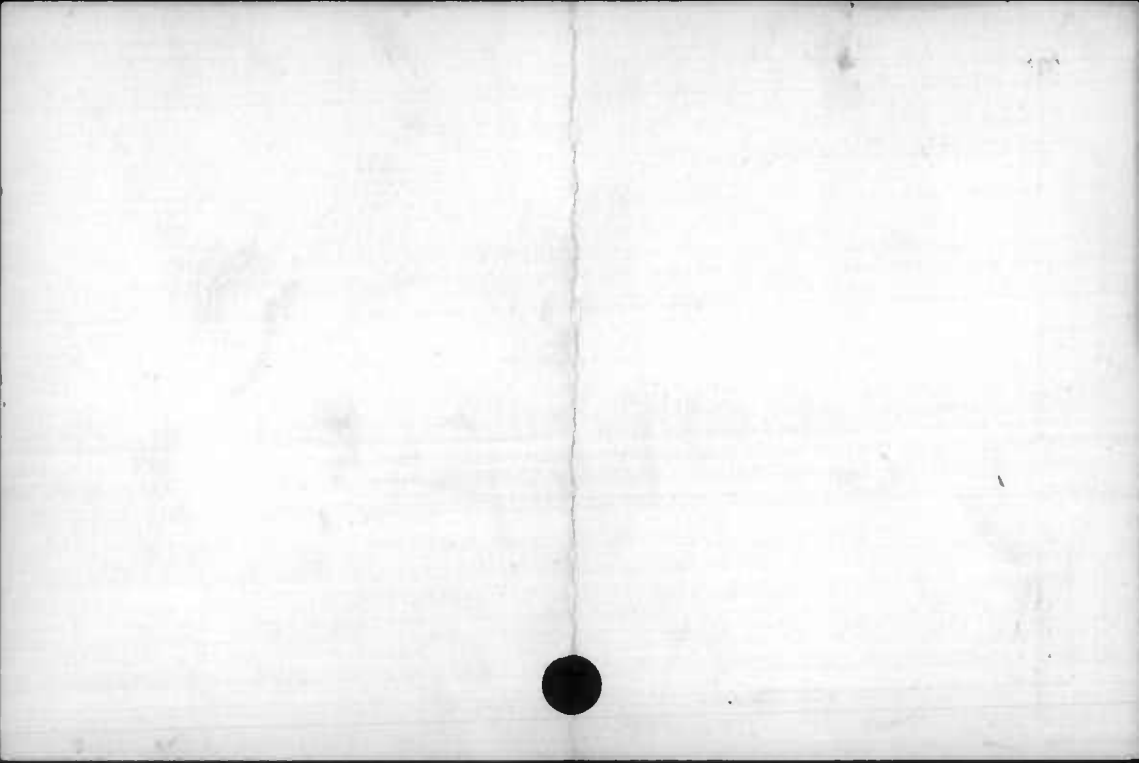
Died at <i>near home</i>		Town <i>Barroll</i>		County		MARYLAND	
Date of death	1909	Month	3	Day	6	Age	35
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Grove Run Ind</i>		Months <i>9</i> Days <i>6</i>	
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>William L Alban</i>		Father's Birthplace <i>Grove Run Ind</i>					
Mother's Maiden Name <i>Maggie T Lowry</i>		Mother's Birthplace <i>Cherryton Md</i>					
Name of person giving information <i>Wm Alban</i>		How related to deceased <i>Grand-Father</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	
		Address	
Accident or Suicide?		<i>Dr D. M. Resh''</i>	
		<i>Hampstead Ind</i>	



Name
in
Full

George Arnold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month	March	Day	15
Age	40	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Saloon Keeper		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Maud N. Arnold		
Father's Name	John Arnold			Father's Birthplace	Germany
Mother's Maiden Name	Unknown			Mother's Birthplace	"
Name of person giving information	Hospital records			How related to deceased	

CAUSES OF DEATH

67

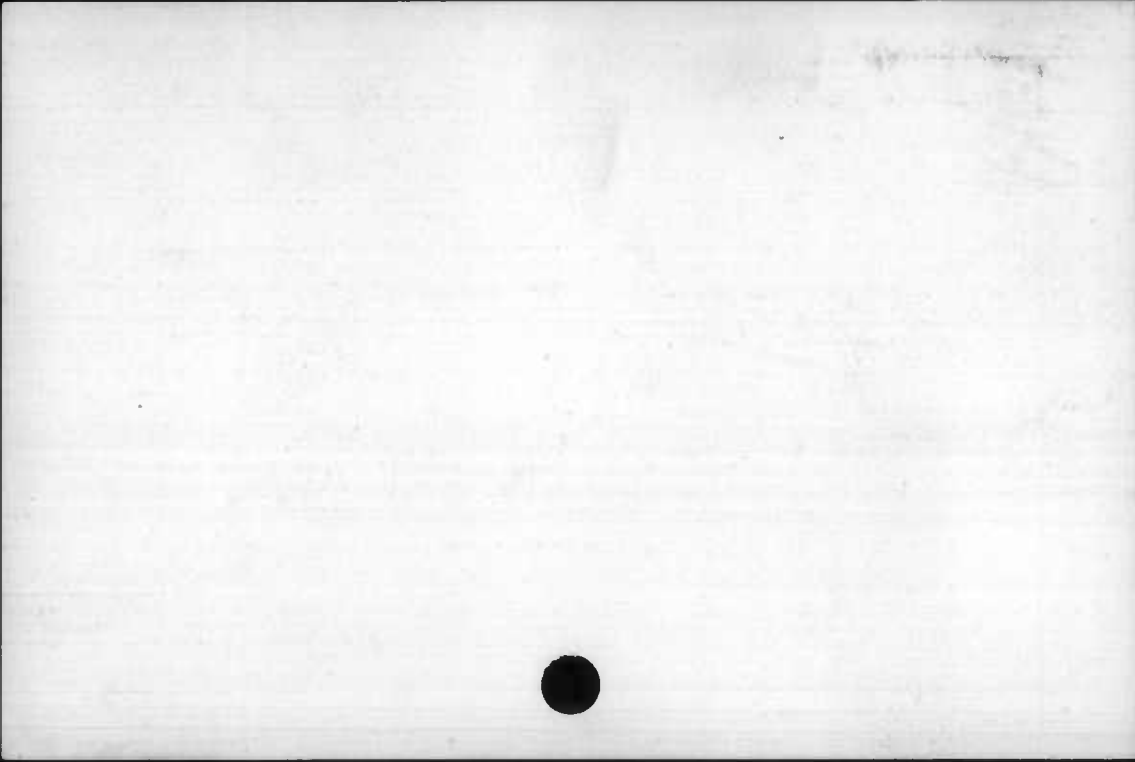
PHYSICIAN
OR
CORONER

Primary	General Paresis	How long	about 2 1/2 yrs
Immediate	General debility	How long	progressive
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. J. Carey M.D.
		Address	Luxisville Md.
Accident or Suicide?	No		

1774
27th
Sept
1774

to Mr
Gentry

Name in Full		Barbary Ann Bittle				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Kearney		County		MARYLAND			
	Date of death	1909	Month	March	Day	24	Age	74	
						Months	5	Days	25
	Sex	Female		Color or Race	White		Birth-place	York Pa	
	Occupation	Housewife		Where Residing if not at place of death					
	Married, Single or Widowed	Married		Name of Wife or Husband	John Henry Bittle				
	Father's Name	John S Sandeniger				Father's Birthplace	Unknown		
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown		
Name of person giving information	J Henry Bittle				How related to deceased	Husband			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	La Grippe				How long	5 days		
	Immediate	Pneumonia				How long	5 days		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Charles D Hoop			
					Address	Fannytown Ind			
	Accident or Suicide?								



Name
in
Full448
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martin Bitzel</i>		Town <i>near Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>near Westminster</i>		Month <i>March</i>		Day <i>6</i>		Years <i>76</i>	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>6</i>		Years <i>76</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>5</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>		Days <i>5</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Elizabeth Barber</i>					
Father's Name <i>decent know</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Caroline Barber</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Old age & cold</i>		How long <i>76 years</i>	
Immediate <i>Pneumonia</i>		How long <i>One week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jas. H. Bellingham M.D.</i>	
		Address <i>Westminster, Md.</i>	
Accident or Suicide? <i>No</i>			

German Lutheran Church
Onalaska
Iowa

Name
in
Full

Susan Borschetto

NO 459
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{town} <i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Mar</i>	Day <i>28</i>	Age <i>88</i>
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Maryland</i>
Occupation _____		Where Residing if not at place of death _____	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Borschetto</i>		
Father's Name <i>Don't Know</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Don't Know</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Aug Humbert</i>	How related to deceased <i>friend</i>		

CAUSES OF DEATH

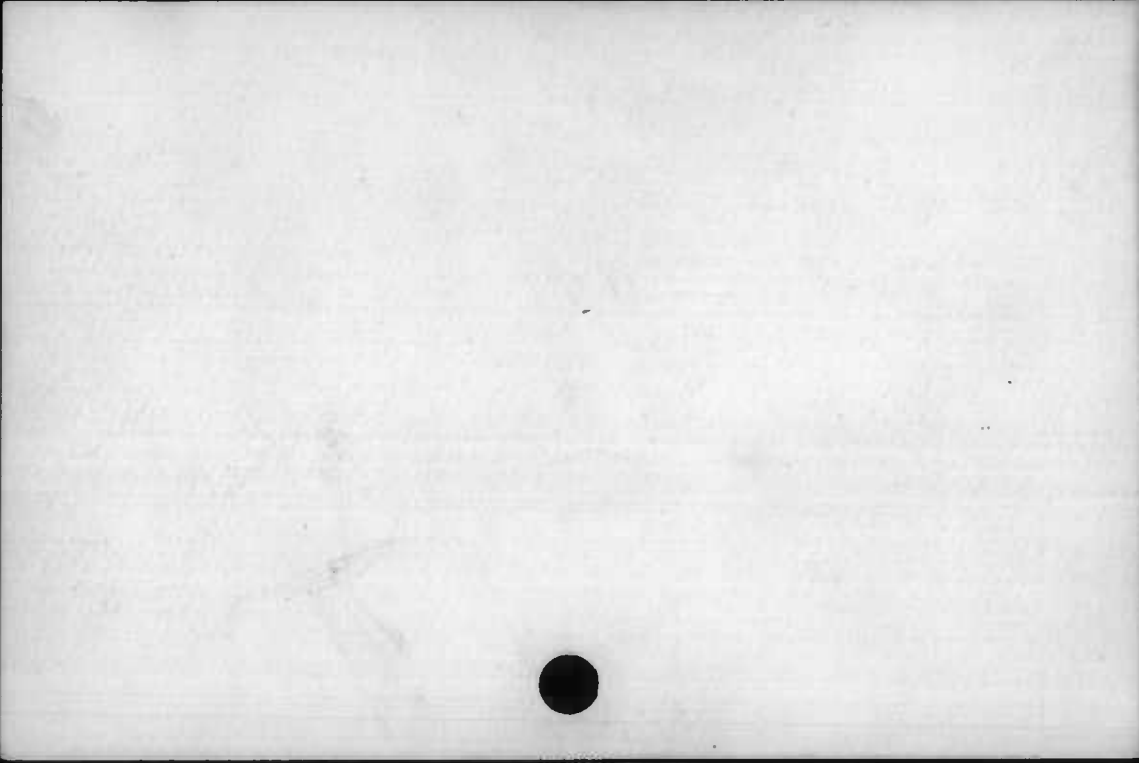
93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long _____
Immediate <i>Hemorrhage</i>	How long <i>Sick 2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. S. Matthews</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	

Benjamin's Reform Club

Name in Full		Brown, Rebecca, Alice				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hykerville</i>		Town <i>Hykerville</i>		County <i>Carroll</i>		MARYLAND
	Date of death <i>1909</i>		Month <i>3</i>	Day <i>14</i>	Age <i>46 -</i>	Years <i>4</i>	Months <i>18</i> Days
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
	Occupation <i>Domestic</i>				Where Residing if not at place of death <i>-</i>		
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bertie Hall Brown</i>				
	Father's Name <i>Levi H. Handley</i>				Father's Birthplace <i>Ind. Co. Ind.</i>		
	Mother's Maiden Name <i>Rebecca Stonecipher</i>				Mother's Birthplace <i>Carroll Co. Md.</i>		
Name of person giving information <i>Annie M. Hill</i>				How related to deceased <i>Sister</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">27</div>							
PHYSICIAN OR CORONER	Primary <i>Pulmonary + Pyramidal Tuberculosis</i>				How long <i>2 years</i>		
	Immediate <i>Cardiac Failure</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>W. Frank Lucas, M.D.</i>		
					Address <i>Hykerville, Ind.</i>		
Accident or Suicide? <i>-</i>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

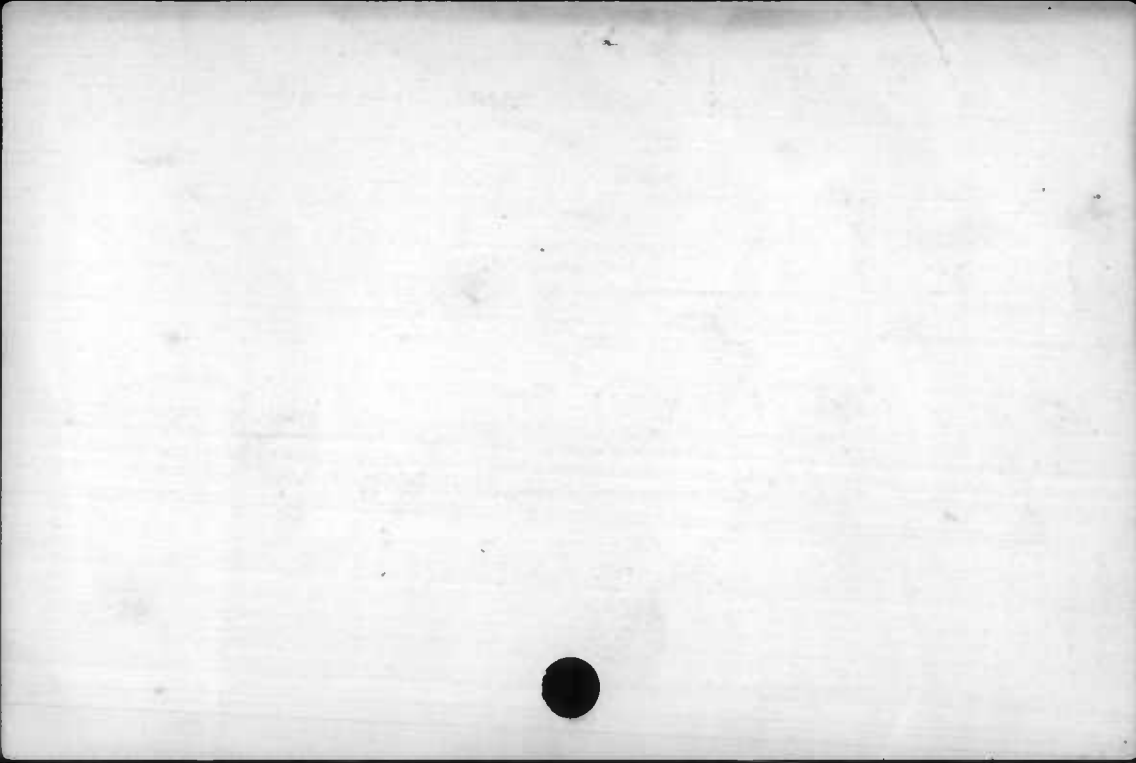
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		March	7	Age	74	5 7	
Sex	Female	Color or Race	White American		Birth-place	Frederick Co	
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed		Widowed		Name of Wife or Husband			
				Cora T. Browning			
Father's Name	John A. King				Father's Birthplace	Montgomery Co	
Mother's Maiden Name	Elizabeth Woodward				Mother's Birthplace	Frederick Co	
Name of person giving information	W. E. Browning				How related to deceased	Son	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	J. E. Brownwell
	Address
	Wt. City Md
Accident or Suicide?	



Name
in
Full

Savilla Catherine Burgoon

452
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Mar	14	Age 61	11	14	
Sex	Female		Color or Race	white		Birth-place	Maryland
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Aaron Burgoon			
Father's Name	Noah Formwalt			Father's Birthplace	Maryland		
Mother's Maiden Name	Elizabeth Hornborger			Mother's Birthplace	Maryland		
Name of person giving Information	Harvey Sittler			How related to deceased	Sons-in-law		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Arterio-Sclerosis		How long	Don't know
Immediate	Cerebral hemorrhage		How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			L. Woodward	
			Address	
			Wilmington, Del.	
Accident or Suicide		No		

Silbermann Cecelia
Stoner

Name
in
Full

Thomas W. Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

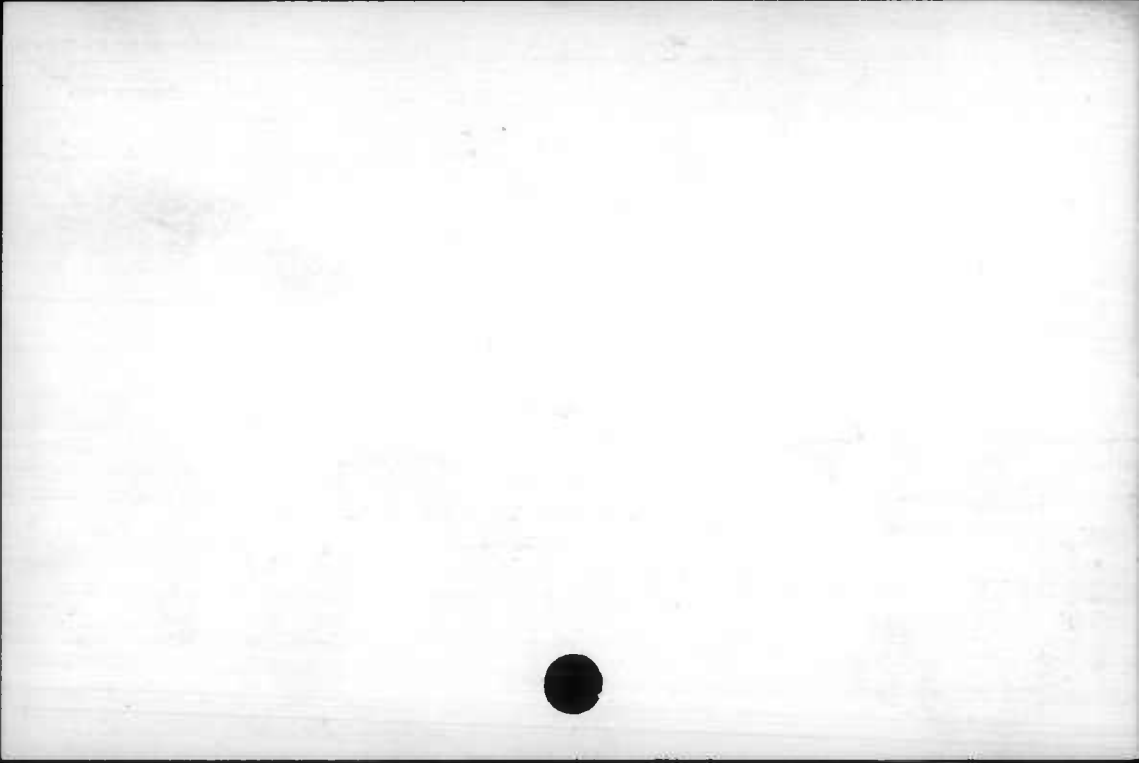
Died at		Town		County		MARYLAND	
Union Bridge				Carroll Co.			
Date of death	1909	Month	March	Day	21	Age	7 weeks 2
Sex	Male	Color or Race	African	Birthplace	Carroll Co.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Roland Butler				Fred Co Md			
Mother's Maiden Name				Mother's Birthplace			
Mary Disen				Fred Co Md			
Name of person giving Information				How related to deceased			
L Mary Disen				Mother			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	Don't know	How long	1 or 2 days -
Immediate	Spasms	How long	8 or 10 hours
Are the name, age, sex, color, data and place correctly given above?	Yes	Signature of Physician	James Matt.
		Address	Union Bridge Md
Accident or Suicide			



Name
in
Full

Susan E. Cook

CERTIFICATE OF DEATH

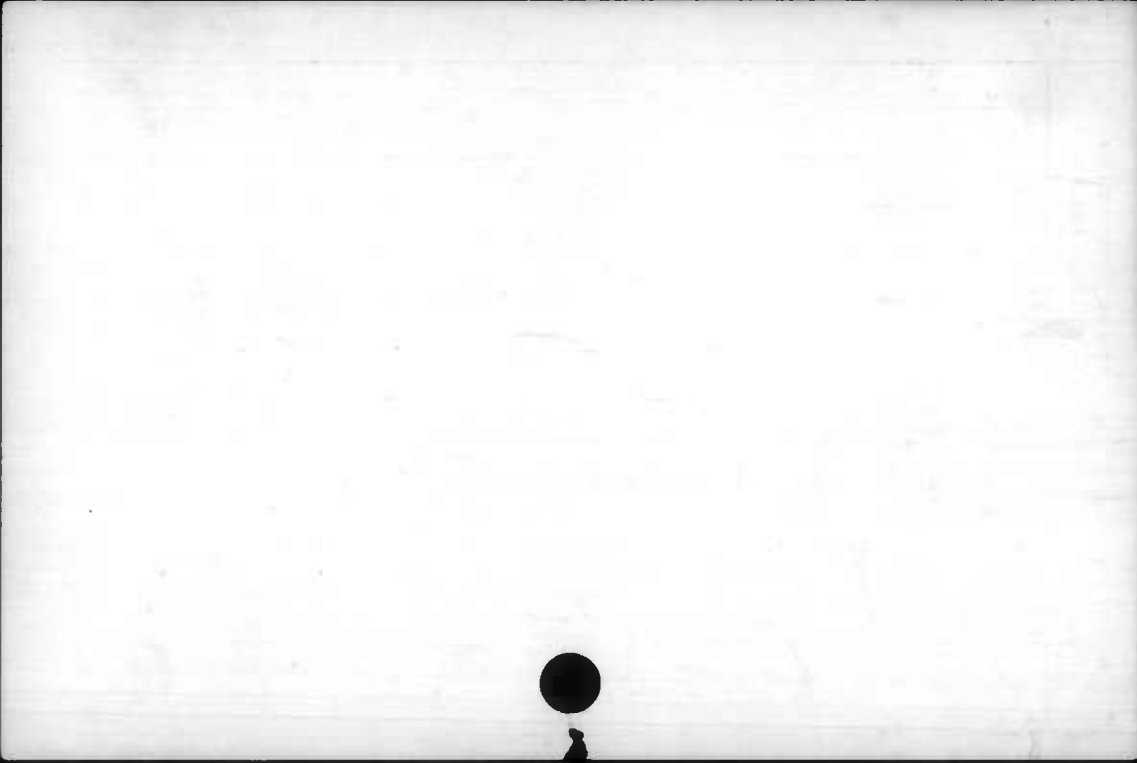
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Lancytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month <i>March</i>	Day <i>14</i>	Age <i>77</i>	Months <i>0</i> Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Carroll Co Ind</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John Wesley Cook</i>				
Father's Name <i>James Butler</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Mariah Duffy</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Samuel Hill</i>	How related to deceased <i>Son-in-law</i>				

CAUSES OF DEATH

Primary	<i>Arterio Sclerosis</i>	How long <i>64</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. B. B. B. B. B.</i>
Address		
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

Ralph Coppersmith

No 460

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month <i>9</i>	Day <i>29</i>	Years	Months	Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Walter Coppersmith</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Harriet Milligan</i>		Mother's Birthplace <i>Pennsylvania</i>					
Name of person giving information <i>Walter Coppersmith</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hemorrhage of bowels</i>	How long <i>109</i>
Immediate	<i>Hemorrhage of bowels</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. S. Mathias</i>
		Address <i>Westminster Md</i>
Accident or Suicide?		

Heer Park Cemetery
Stonington

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

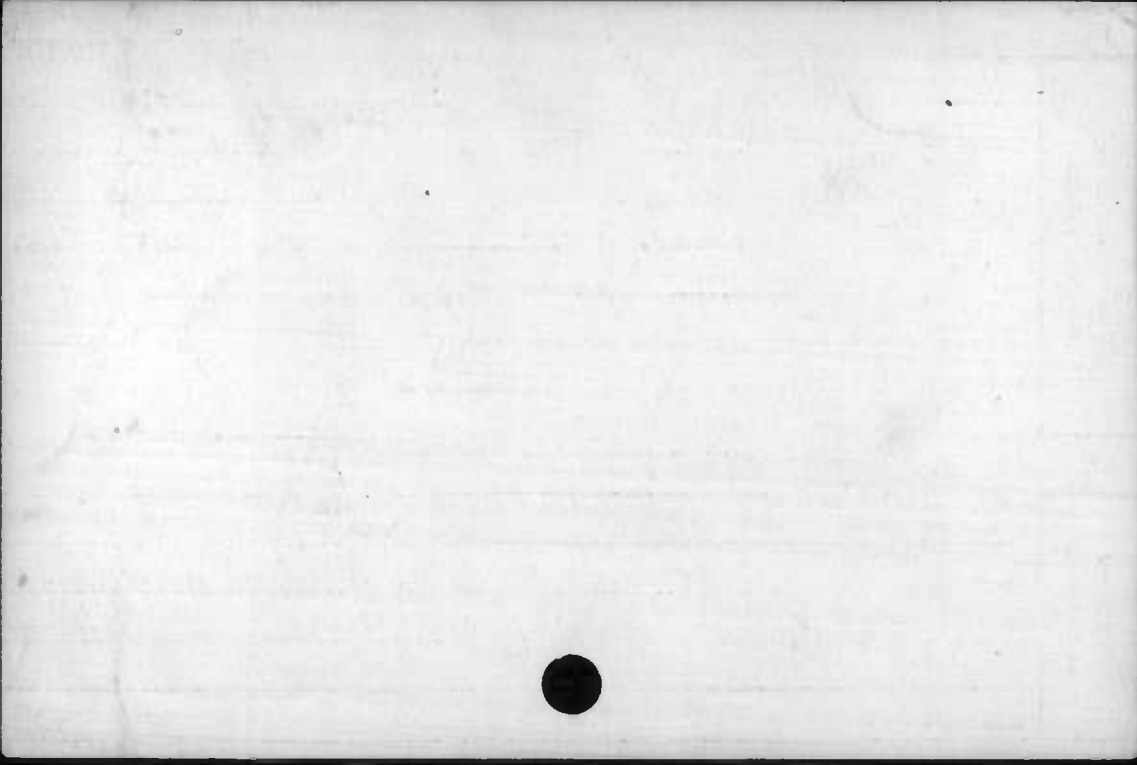
Died at <i>Dumcrick</i>		Town <i>Dumcrick</i>		County <i>Barre</i>		MARYLAND	
Date of death	1909	Month	March	Day	20	Age	7.3
Sex	Male		Color or Race	Black		Months	4
Birth-place	Maryland						
Occupation	Pump maker			Where Residing if not at place of death <i>Dumcrick</i>			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	<i>Charles D. Dorsey</i>					Father's Birthplace	
Mother's Maiden Name	<i>Fanni</i>					Mother's Birthplace	
Name of person giving information	<i>Theodor Dorsey</i>					How related to deceased	<i>Nephew</i>

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Diarrhea</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Brown M.D.</i>	
		Address <i>Deer Windsor</i>	
		<i>Mae</i>	
Accident or Suicide?			



Name
in
Full

Maria Dove

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

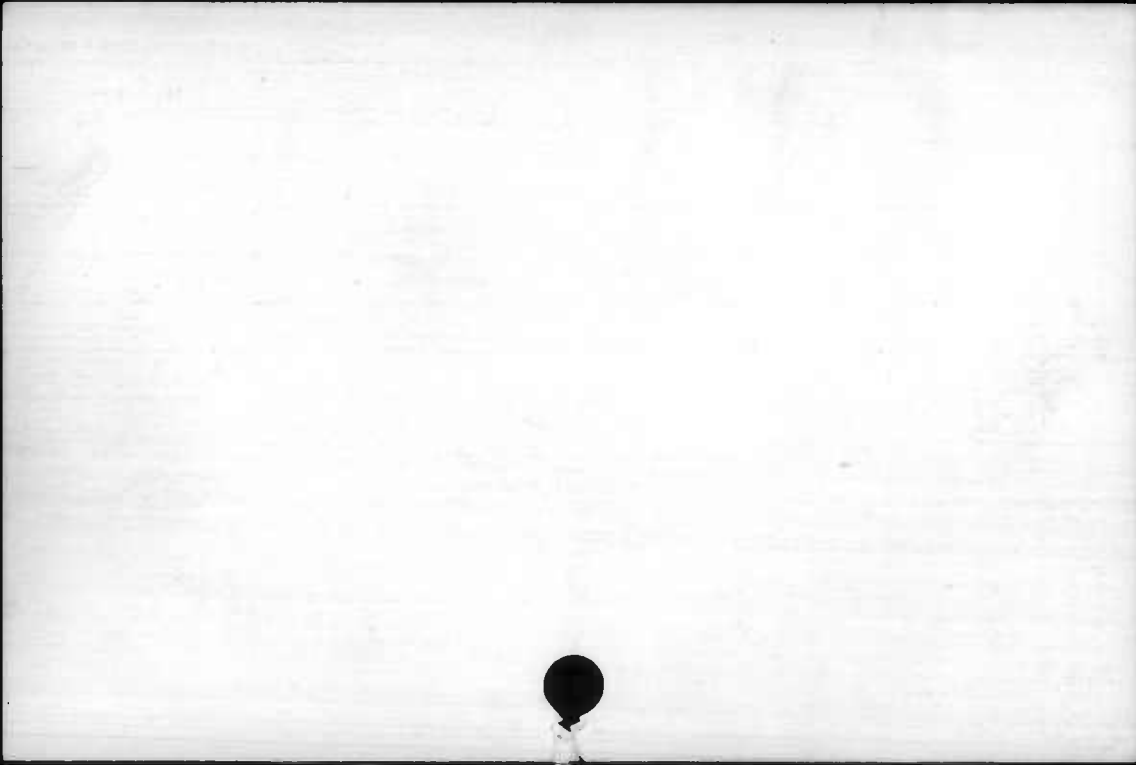
Died at ^{Town} Springfield Hospital		^{County} Carroll		MARYLAND	
Date of death	1909	Month	March	Day	27 th
Age	63	Years		Months	
Sex	Female	Color or Race	White	Birthplace	Bristol Ind.
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Samuel Dove	Father's Birthplace Unknown			
Mother's Maiden Name	Mary Carr	Mother's Birthplace "			
Name of person giving Information	Hospital records	How related to deceased			

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary	Paralytic Dementia	How long	3 yrs.
Immediate	Exhaustion	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. Henry Fisher M.D.
		Address	Sylkesville Ind.
Accident or Suicide	no.		



Name
in
Full

Enora E. J. Durban

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Daniel Town Carroll County MARYLAND

Date of death 1909 Month 3 Day 24 Age 30 Years Months Days

Sex Female Color or Race White Birthplace Fred. B. Md.

Occupation Seamstress Where Residing if not at place of death near Daniel, Md.

Married, Single or Widowed Married Name of Wife or Husband Chas. Durban

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Michael German How related to deceased No. Relation

CAUSES OF DEATH

166

Primary Thrown from a horse How long about 4 weeks

Injury of Abdomen

Immediate Peritonitis How long 11 days

Are the name, age, sex, color, date and place correctly given above? yes

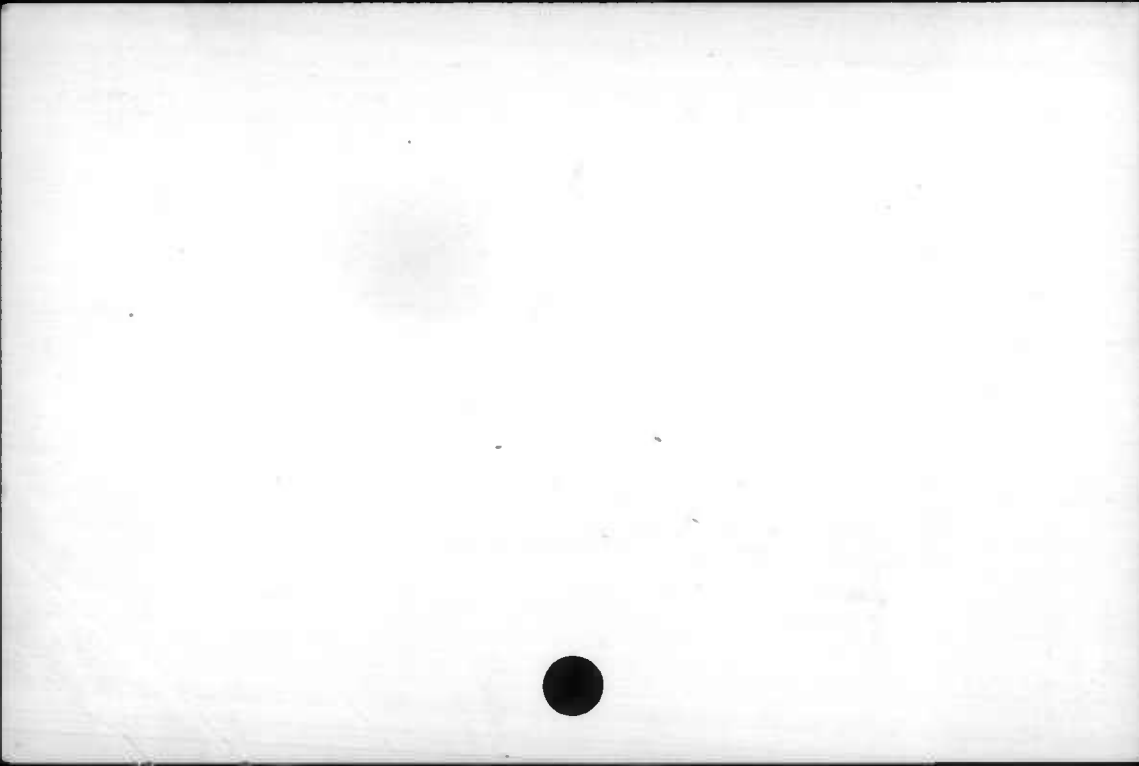
Signature of Physician E. D. Brink

Address Winfield

Carroll Co.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

323

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jacob Flater ✓		Town Sandyville		County Barren		MARYLAND	
Died at Sandyville		Date of death 9 March 16		Age 77		Months 11	
Sex Male		Color or Race White		Birth-place Maryland		Days 16	
Occupation Farmer				Where Residing if not at place of death _____			
Married, Single or Widowed Single		Name of Wife or Husband _____					
Father's Name Peter Flater				Father's Birthplace W. Va.			
Mother's Maiden Name Matilda Guffy				Mother's Birthplace 11			
Name of person giving information Philip Flater				How related to deceased Brother			

CAUSES OF DEATH

(40)

PHYSICIAN
OR CORONER

Primary Carcinoma of Stomach		How long Indefinite	
Immediate Anthrax		How long _____	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Henry M. Litzinger	
		Address Westminster	
Accident or Suicide? _____			

Sharon
Sandy Mount

Name
in
Full

Thomas Alexander Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Watonsville</u> ^{Town}		<u>Barroll</u> ^{County}		MARYLAND	
Date of death	1909	Month	Mar.	Day	5
		Age	86	Years	6
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Retired Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Charlotte Fowler		
Father's Name	Jeremiah Fowler			Father's Birthplace	Md.
Mother's Maiden Name	Elixa Wheeler			Mother's Birthplace	Md.
Name of person giving information	Vernon Fowler			How related to deceased	Son

CAUSES OF DEATH

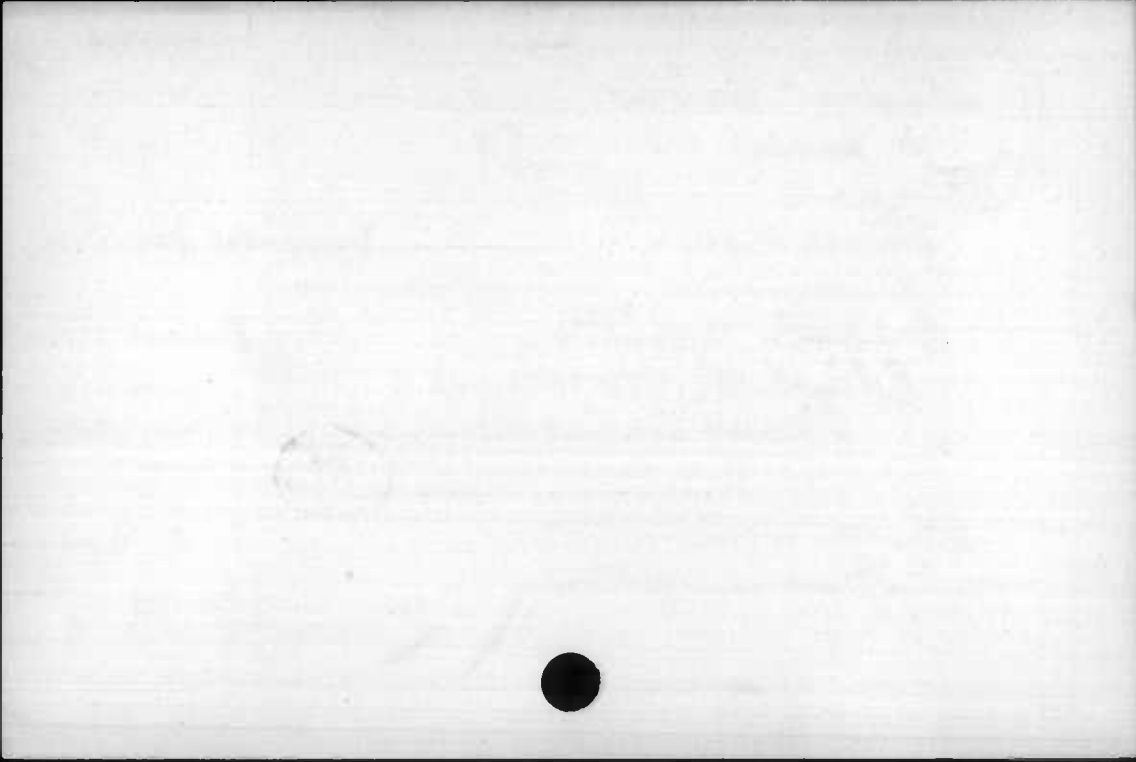
79

PHYSICIAN
OR CORONER

Primary	Heart & Kidney disease	How long	Three months
Immediate	The same	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		J. W. Lacy	
Address		Liston	
Accident or Suicide?		Md.	



Name in Full		Sallie A. Fringer				No 447		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND		
		Date of death		Month	Day	Age	Years	Months	Days
		Sex		Color or Race		Birth-place			
		Occupation		Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband					
		Father's Name		Father's Birthplace					
		Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased							
		CAUSES OF DEATH				116			
PHYSICIAN OR CORONER		Primary		Cold		How long		A few days	
		Immediate		Peritonitis		How long		48 hours	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Jas. H. Bellows M.D.	
		Accident or Suicide?		No		Address		Westminster Md.	



Name
in
Full

CERTIFICATE OF DEATH

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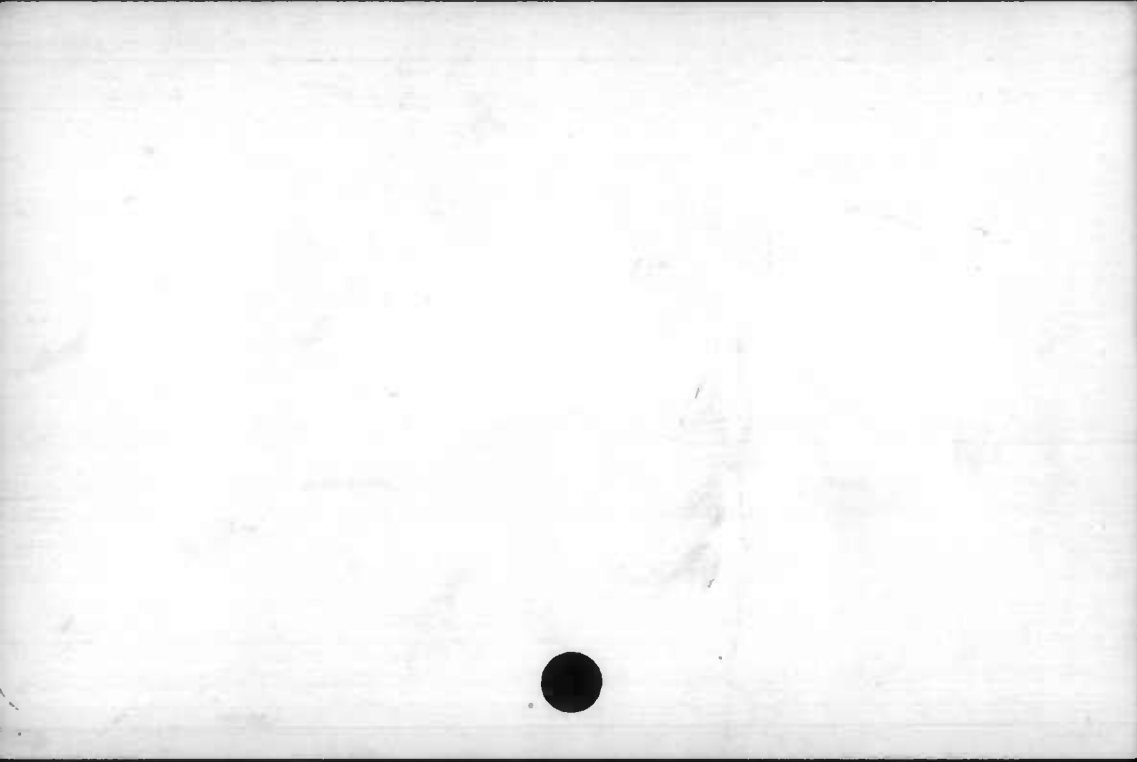
Name in Full <i>Matilda Frock</i>		Town <i>Union Mills</i>		County <i>Garroll</i>		MAYLAND	
Died at <i>Union Mills</i>		Month <i>Mar.</i>		Day <i>19</i>		Age <i>83</i>	
Date of death <i>1909</i>		Month <i>Mar.</i>		Day <i>19</i>		Age <i>83</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Union Mills</i>		Where Residing if not at place of death <i>Union Mills</i>	
Occupation <i>House Wife</i>		Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>None</i>		Father's Birthplace <i>Carroll Co</i>	
Father's Name <i>Jacob Miller</i>		Mother's Maiden Name <i>Elizabeth Pontson</i>		Mother's Birthplace <i>Carroll Co</i>		How related to deceased <i>Grandmother</i>	
Name of person giving Information <i>Harry G. Crator</i>							

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of breast</i>	How long <i>1 1/2 Yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. Lewis Wetzel M.D.</i>
	Address <i>Union Mills Maryland</i>
Accident or Suicide	



Name
in
Full

Ira Garovich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

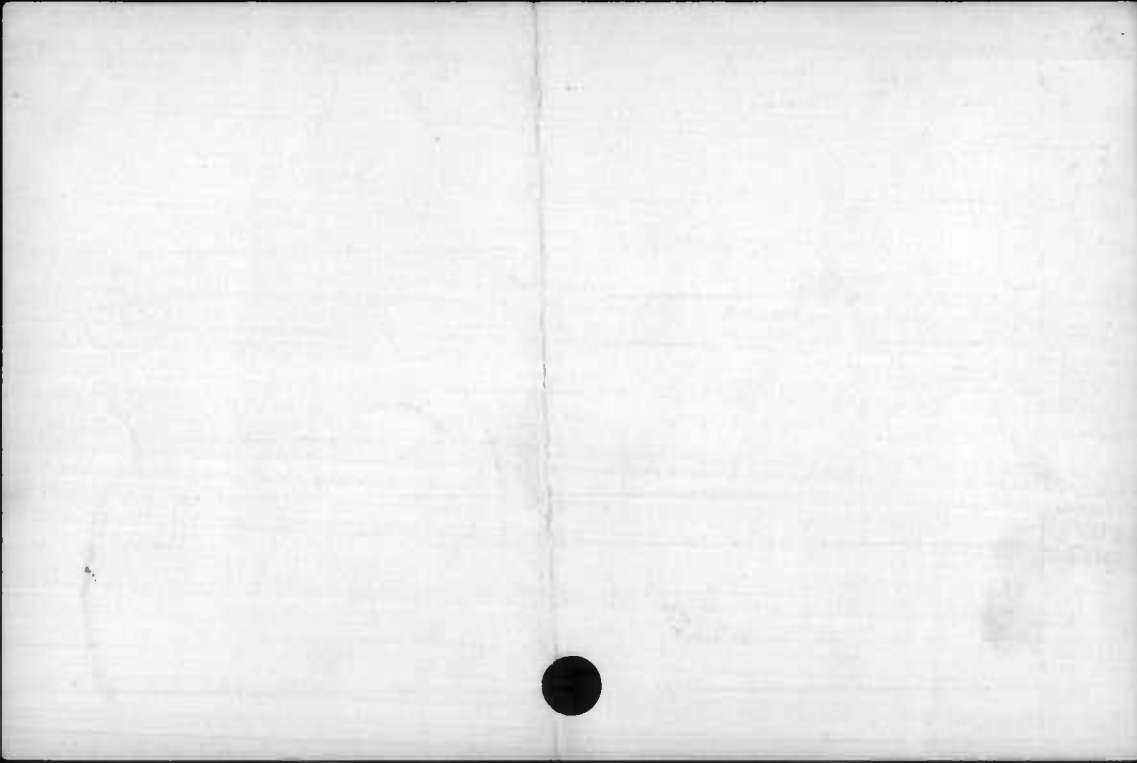
Died at 3d Dist ^{Town}		Carroll ^{County}		MARYLAND	
Date of death 1909	3 ^{Month}	20 ^{Day}	— ^{Years}	11 ^{Months}	13 ^{Days}
Sex male		Color or Race white		Birth-place Maryland	
Occupation none		Where Residing if not at place of death			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Bert Garovich			Father's Birthplace Maryland		
Mother's Maiden Name Mary Snyder			Mother's Birthplace Pennsylvania		
Name of person giving information Ira Garovich			How related to deceased Uncle		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia Asthma	How long 9 days
Immediate Congestion of Brain	How long
Are the name, age, sex, color, date and place correctly given above? yes!	Signature of Physician John Szigler
	Address Melrose Md
Accident or Suicide?	



Name in Full Willard L. Gosnell		CERTIFICATE OF DEATH	
Town near Woodbine		County Carroll	
Died near Woodbine		MARYLAND	
Date of death 1909	Month 3	Day 1	Age 32
Sex Male		Color or Race White	Months 10
Occupation Carpenter		Birthplace Maryland	Days 29
Where Residing if not at place of death near Woodbine, Md.			
Married, Single or Widowed Single	Name of Wife or Husband 		
Father's Name Francis Gosnell (deceased)	Father's Birthplace Hedrick Co., Md.		
Mother's Maiden Name May E. Luginbuhl	Mother's Birthplace Ohio		
Name of person giving information Howard Gosnell	How related to deceased Brother		
CAUSES OF DEATH			
Primary Heredity	How long 27		
Immediate Acute Miliary Tuberculosis Thrombosis	How long +		
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Ed Cronk		
Address Carroll Co. Knifield			
Accident or Suicide? 			

Morgan Chapel

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas J. Haines

Died at

Tunnicliffe

County

Barrett

MARYLAND

Date

of death 1909 March

Month

Day

13

Years

Age

71

Months

1

Days

26

Sex

male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

Tunnicliffe

Married, Single
or Widowed

Married

Name of Wife or
Husband

Cinderella Haines

Father's
Name

Samuel Haines

Father's
Birthplace

Maryland

Mother's
Maiden Name

Rachel Bond

Mother's
Birthplace

Maryland

Name of person giving
information

Harry J. Haines

How related
to deceased

Son

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary

Debility

How long

Six months

Immediate

Bronchitis

How long

2 weeks

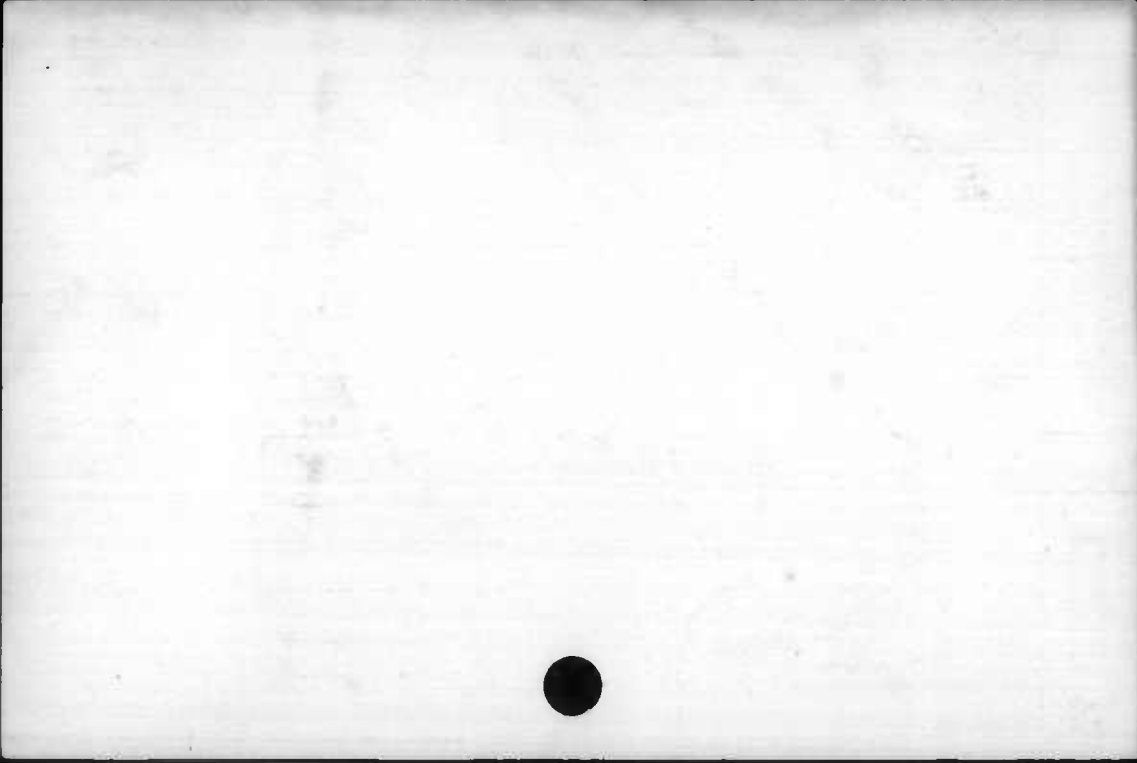
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

G. A. Brown

Address

New Windsor
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

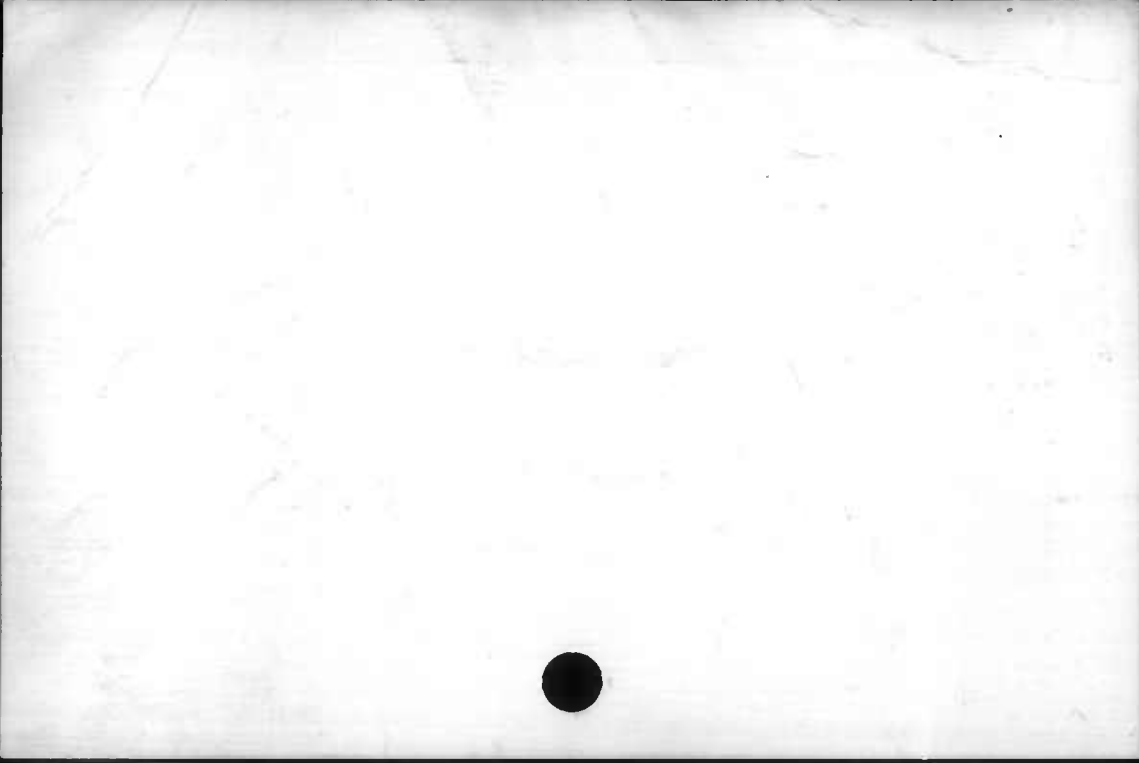
Died at		Town <i>Gambier</i>		County <i>Carroll</i>		MARYLAND	
Date of death		190	9	Month <i>Nov</i>	Day <i>3</i>	Age <i>24</i>	Months <i>1</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Mayberry</i>		Days <i>11</i>	
Occupation <i>Team Laborer</i>		Where Residing if not at place of death <i>Gambier</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Wm H Hames</i>		Father's Birthplace <i>Mayberry</i>					
Mother's Maiden Name <i>Rebecca A Hamples</i>		Mother's Birthplace <i>Westminster</i>					
Name of person giving Information <i>Wm D Bush</i>		How related to deceased <i>No relation</i>					

CAUSES OF DEATH

27

Primary	<i>Consumption</i>	How long	<i>5 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	<i>R. H. Wells</i>
		Address	<i>Gambier</i>
Accident or Suicide			<i>End</i>

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

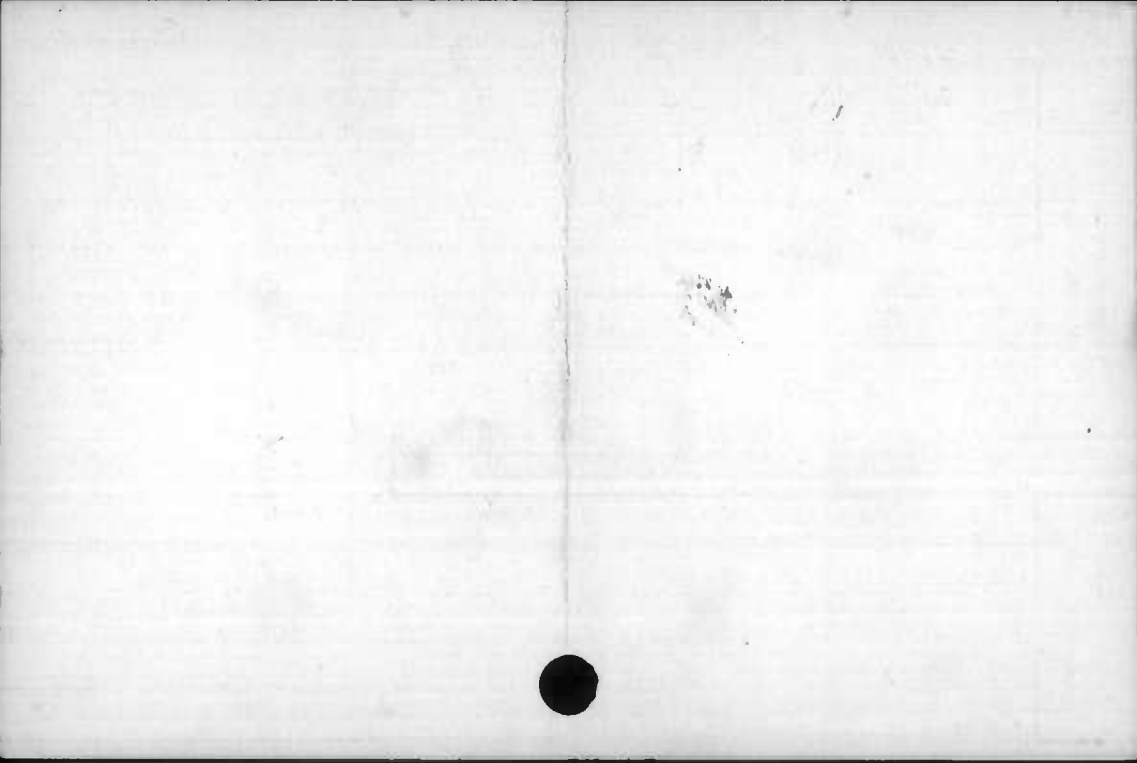
Name in Full <i>Charlotte Elizabeth Hars</i>		Town <i>Bear Alesia</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Bear Alesia</i>							
Date of death <i>1909</i>	Month <i>3</i>	Day <i>26</i>	Age <i>73</i>	Years <i>1</i>	Months <i>9</i>	Days <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Shawbury, Ind.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jacob Hars</i>					
Father's Name <i>John Wilson</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Rachel Tyson</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Augusta Hars</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>six days</i>
Immediate <i>Heart Failure</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr J H Rush</i>
	Address <i>Hampstead Ind</i>
Accident or Suicide?	



Name
in
Full

Mary Martha Ann Hare

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Millers* Town *Carroll* CountyDate of death *1907* Month *Mar.* Day *10* Age *54* Years Months *5* DaysSex *Female* Color or Race *White* Birth-place *Millers*Occupation *House wife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Mary Martha Ann Hare*Father's Name *Aaron Miller* Father's Birthplace *Maryland*Mother's Maiden Name *Elizabeth Redding* Mother's Birthplace *Germany*Name of person giving information *Samuel Hare* How related to deceased *Husband*

CAUSES OF DEATH

64

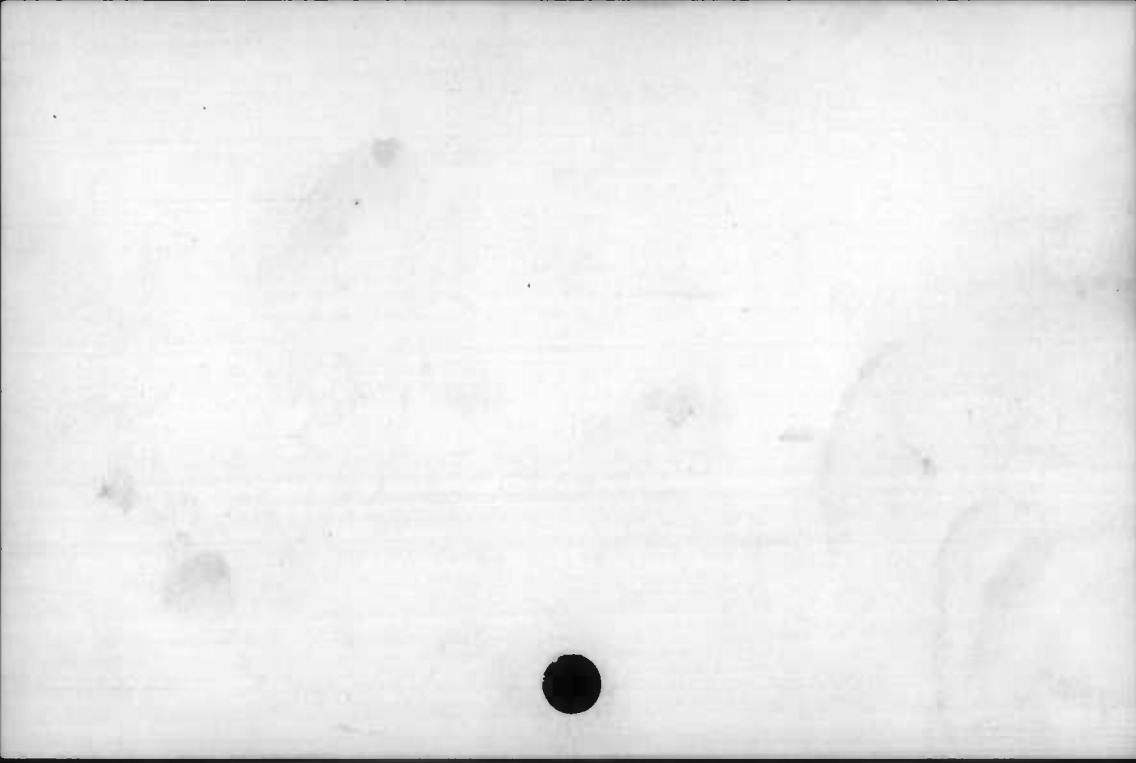
Primary *Apoplexy* How long *4 days*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *L. H. Preble M.D.*Address *Manchester Md*

Accident or Suicide?



Name
in
Full

Elizabeth Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital -</i>		County <i>Cass</i>		MARYLAND	
Date of death	1909	Month	March	Day	19 th
Age	77	Years		Months	—
Sex	Female	Color or Race	White	Birth-place	Easton Md-
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Edward Harris			Father's Birthplace	Md.
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving Information	Hospital records			How related to deceased	None

CAUSES OF DEATH

67

Primary	<i>Senile Dementia</i>		How long	?
Immediate	<i>Congestion of lungs.</i>		How long	<i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes, to the best of my knowledge.		<i>W. Henry Fisher M.D.</i>	<i>Sylkeville</i>	
Accident or Suicide		<i>No.</i>	<i>Md.</i>	

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Silver Run* Town *Garroll* CountyDate of death *1909* *Nov.* Month *9* Day *6* Years *29* Months DaysSex *Male* Color or Race *White* Birth place *Silver Run*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

144

Primary *abscess in vascular space of neck
ulceration of carotid artery.*

How long

*5 days.*Immediate *Hemorrhage from throat*

How long

*1 minute.*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. S. Crown, M.D.*

Address

*Littlestown,**Pa.*

Accident or Suicide?

No.



Name
in
Full

William M. Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

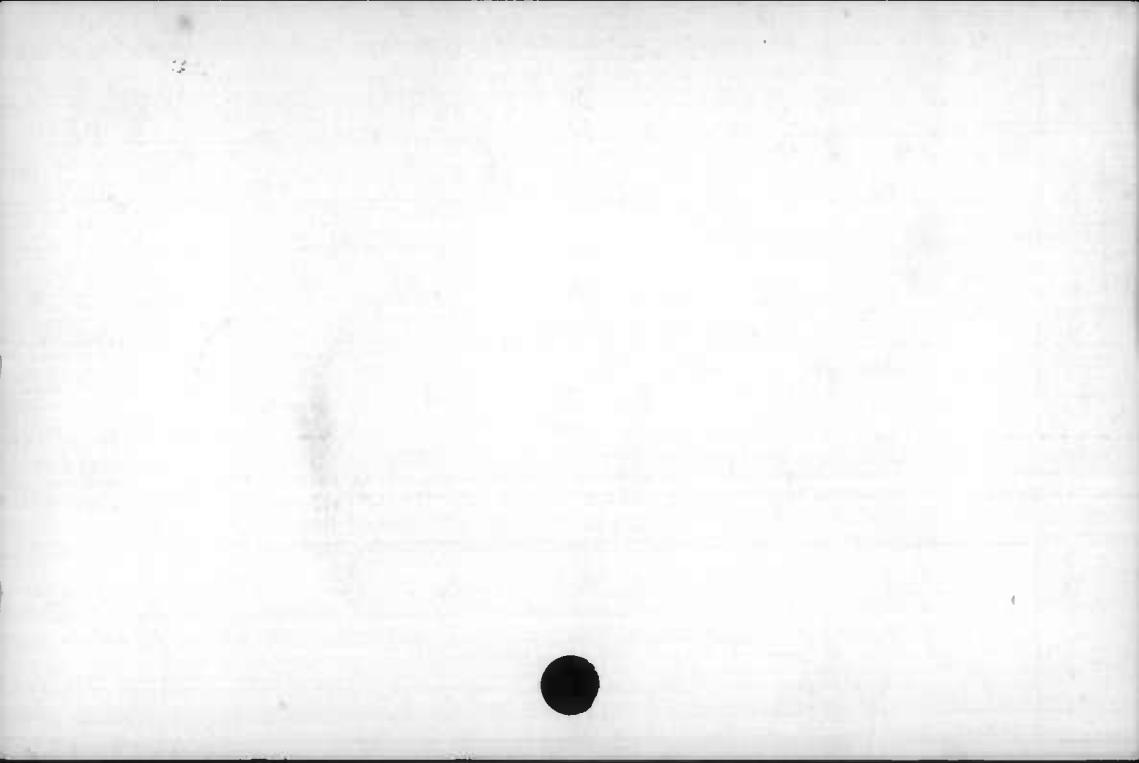
Died at ^{Town} Gorsuch		^{County} Carroll		MARYLAND	
Date of death	1909	Month	Mar.	Day	23
Age		Years	58	Months	2
Sex		Male	Color or Race	White	Birth-place
Occupation		Farmer		Where Residing If not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name		Gustavas Hobbs		Father's Birthplace	
Mother's Maiden Name		Elen Hipsley		Mother's Birthplace	
Name of person giving information		Mrs Caroline Scribner		How related to deceased	
				Sister	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Chronic Bronchial Disease-Interular-		How long	8 Months
Immediate	Pneumonia		How long	8 days.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Sykesville, Md	
Accident or Suicide?		no.		



Name
in
Full

Elsie Belle Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

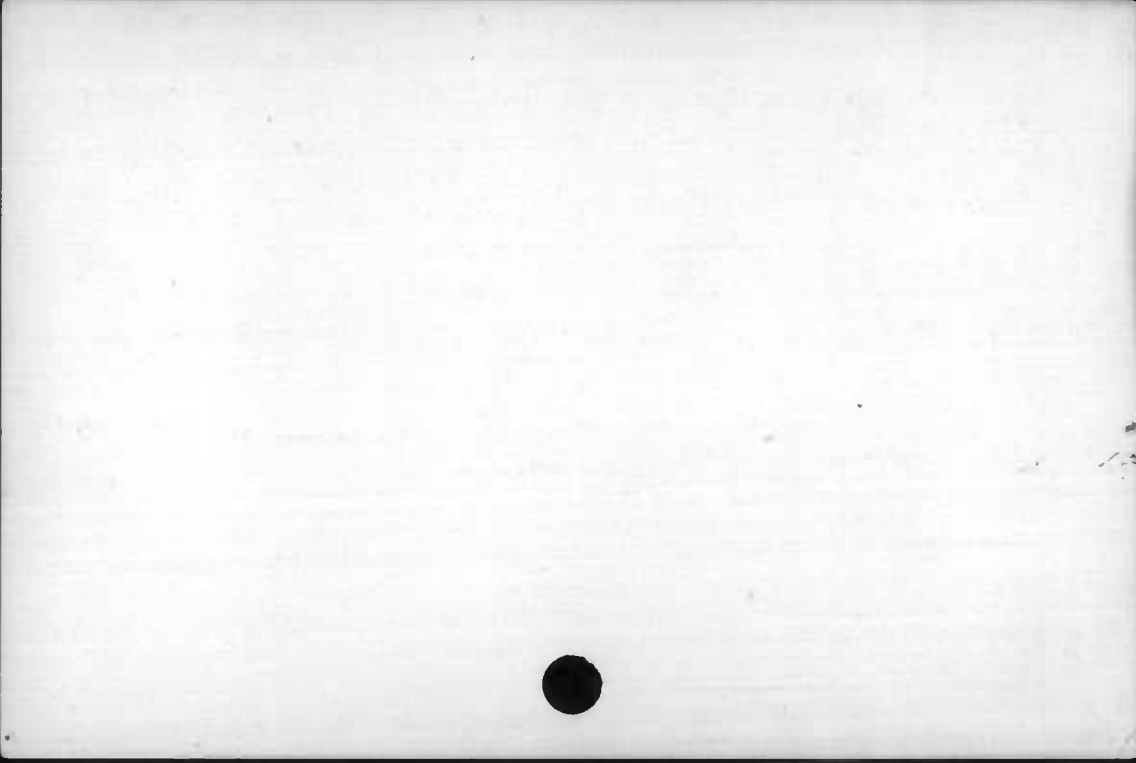
Died at <u>Linnings</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death	<u>1909</u> Month	<u>March</u> Day	<u>24</u> Age	<u>33</u> Years	<u>9</u> Months <u>14</u> Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>Linnings</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Edgar P. Jenkins</u>		
Father's Name	<u>Wm Brambling</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Mary Reider</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Edgar P. Jenkins</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>18 months</u>
Immediate	<u>Apoplexy in 1st heart</u>	How long	<u>2.4 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Phatney Scotty</u>
		Address	<u>New Windsor</u>
Accident or Suicide?			<u>no.</u>



Name
in
Full

Sarah Kerfer

CERTIFICATE OF DEATH

Town

County

Died at Union Bridge

Carroll

MARYLAND

Date

of death 1909

Month

3

Day

23

Age

Years

80

Months

—

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housewife

Where Residing If not
at place of death

Wm St Stem

Married, Single
or Widowed

Single

Name of Wife or
Husband

George W Kerfer

Father's
Name

William Perry

Father's
Birthplace

Md

Mother's
Maiden Name

Margaret Shriners

Mother's
Birthplace

Md

Name of person giving
Information

M. C. Kerfer

How related
to deceased

Nephew,

CAUSES OF DEATH

112

Primary

Hepatitis Chronic

How long

6 months -

Immediate

General debility

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

James Matt H. D
Union Bridge

Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

2 3 4



Name
in
Full

Patrick Kirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

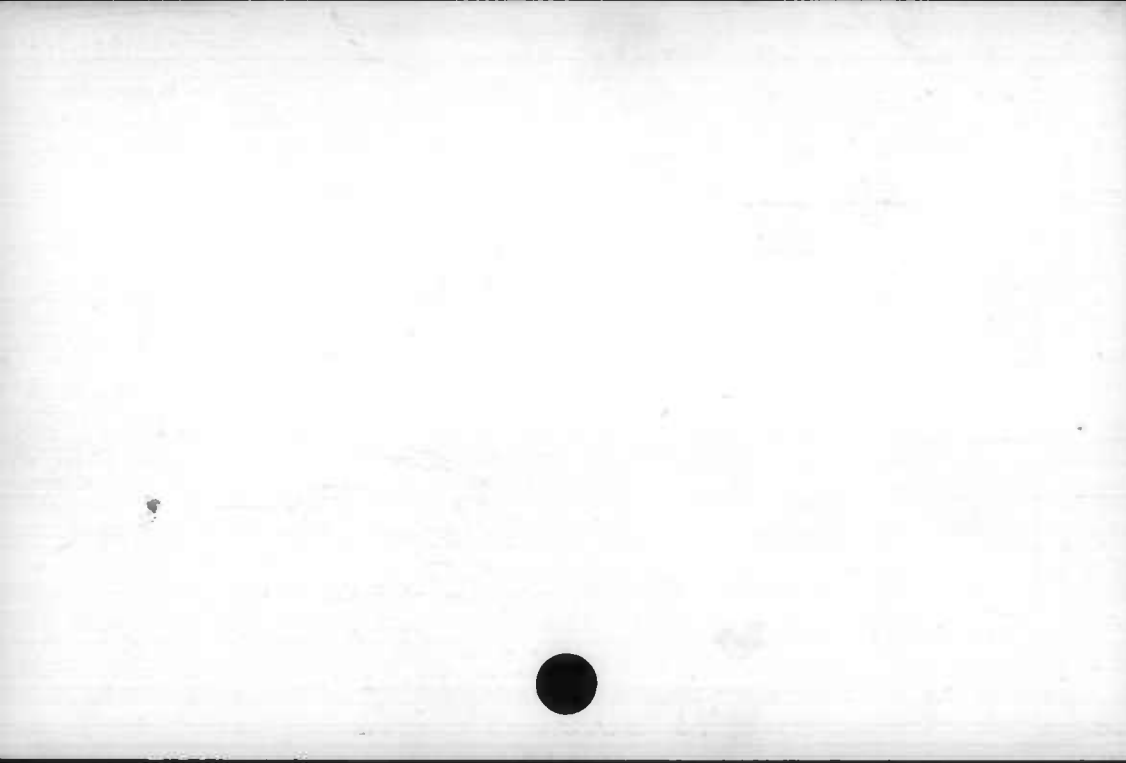
Died at ^{Town} <i>Sylkesville</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death 1909 ^{Month} <i>March</i> ^{Day} <i>23rd</i> ^{Years} <i>68</i> ^{Months} <i>-</i> ^{Days} <i>-</i>		Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation <i>Laborer</i>		Birth-place <i>Ireland</i>		Where Residing if not at place of death <i>Springfield State Hosp.</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving Information <i>Hospital Records</i>		How related to deceased			

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>11 years</i>
Immediate	<i>Acute Peritonitis</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Earl H. Swartz</i>	
		Address <i>Springfield State Hosp. Sylkesville, Md.</i>	
Accident or Suicide <i>N.</i>			



Name
in
Full

Benjamin F. Langford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Springfield Hospital* Town *Marshall* County *MARYLAND*

Date of death 190 *9* Month *March* Day *29* Age *41* Years Months Days

Sex *M* Color or Race *W* Birth-place *Md*

Occupation *Cyeter-packer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Louis Langford* Father's Birthplace *Md*

Mother's Maiden Name *Mary (unknown)* Mother's Birthplace *Md*

Name of person giving Information *Hospital records* How related to deceased

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

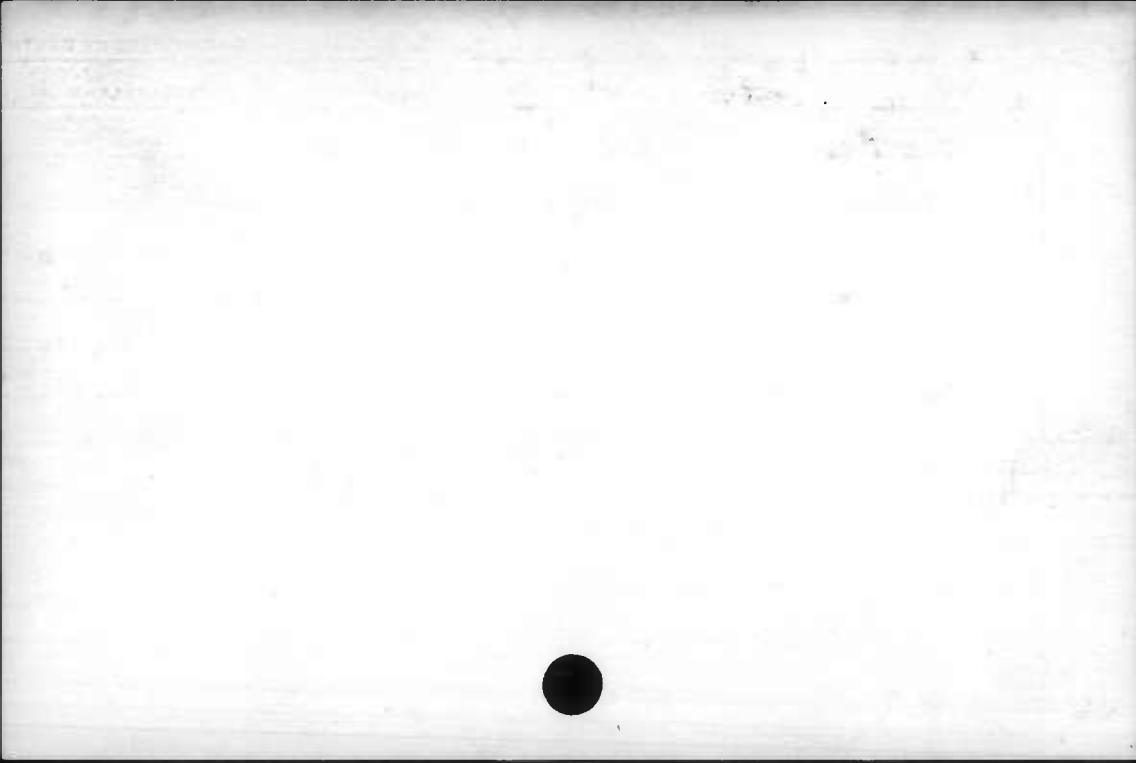
Primary *General Paralysis* How long *over 2 years*

Immediate *Cerebral apoplexy* How long *1 day*

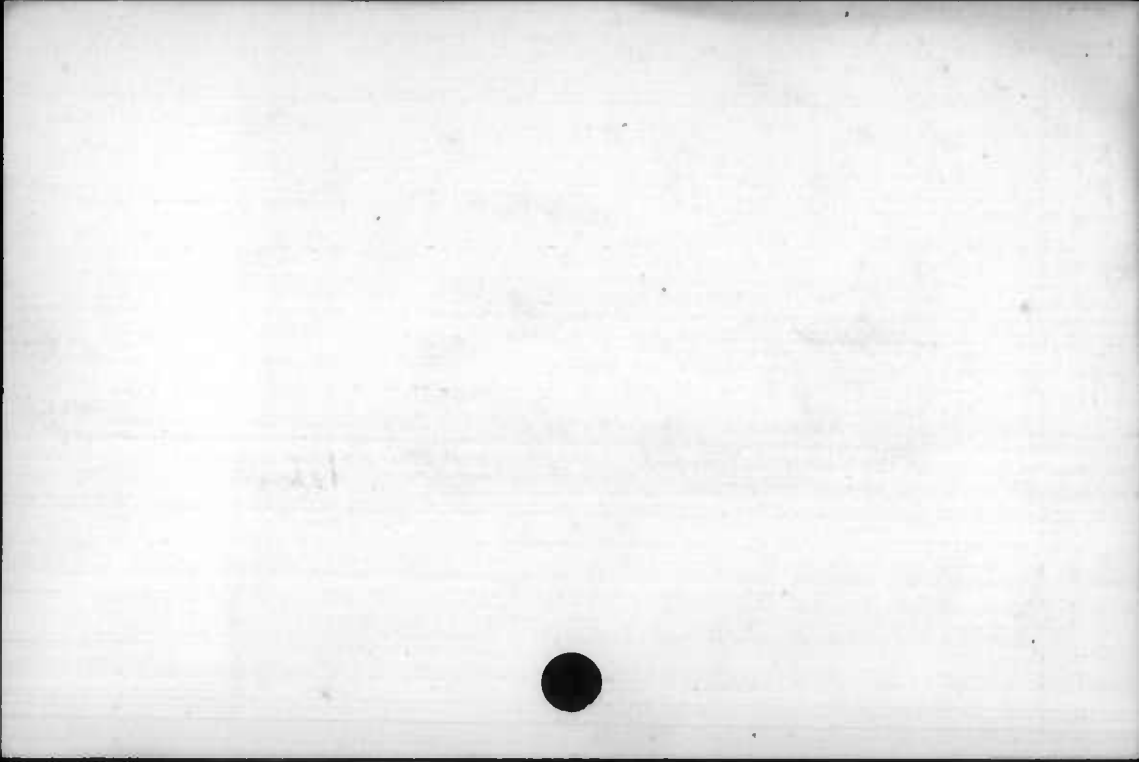
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. J. Conely*

Address

Accident or Suicide *no*



Name in Full		Elizabeth Leppo.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Carrollton	County Carroll		State MARYLAND	
		Date of death		Month 9 March	Day 28 th	Age 8 3	Months .	Days 12
		Sex		Female		Color or Race	White	
		Occupation		Housewife		Birth-place Carroll Co.		
		Where Residing if not at place of death						
		Married, Single or Widowed		Widow		Name of Wife or Husband Elijah Leppo.		
		Father's Name		John Arbaugh		Father's Birthplace not known		
Mother's Maiden Name		not known		Mother's Birthplace not known				
Name of person giving information		Joseph B. Leppo		How related to deceased			Son.	
				CAUSES OF DEATH		154		
PHYSICIAN OR CORONER		Primary		old age		How long		
		Immediate		exhaustion		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Henry M. Fitch L.M.		
						Address Westminster.		
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Joseph Linton</i>		Town <i>Grist</i>		County <i>Carroll</i>		MARYLAND					
Died <i>5</i> near <i>Grist</i>		Month <i>March</i>		Day <i>8</i>		Years <i>57</i>		Months <i>9</i>		Days <i>23</i>	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>8</i>		Age <i>57</i>		Months <i>9</i>		Days <i>23</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>same</i>							
Occupation <i>Blacksmith</i>		Where Residing if not at place of death <i>same</i>									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>John Linton</i>		Father's Birthplace <i>Ind.</i>									
Mother's Maiden Name <i>Miranda</i>		Mother's Birthplace <i>Ind.</i>									
Name of person giving Information <i>Ernest Linton</i>		How related to deceased <i>Nephew</i>									

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>2 yrs</i>
Immediate <i>Pulmonary Oedema</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>MD Horrie</i>
	Address <i>Eldersburg</i>
Accident or Suicida <i>—</i>	

100-57-11-242
100-57-11-242

Name
in
Full

Winnie C. McBarley

450
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Mar	14	Age 31	11	16	
Sex	Female	Color or Race	White		Birth-place	Maryland	
Occupation	Housewife			Where Residing if not at place of death			
Marrisd, Single or Widowed	Married		Name of Wife or Husband		William J. McBarley		
Father's Name	John Kelley		Father's Birthplace		Maryland		
Mother's Maiden Name	Emma Mumford		Mother's Birthplace		Maryland		
Name of person giving Information	William McBarley		How related to deceased		Husband		

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary			How long	
Immediate	Purpura Fulminans		How long	Two Weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Westminster, Md.		
Accident or Suicide				

St. Johns Catholic.
Cemetery. Dover.

Name
in
Full

Kate Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital -</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1909	Month	March	Day	14 th	Age	59
Sex	Female	Color or Race	White	Birth-place	Sykesville Md.		
Occupation	House keeper			Where Residing if not at place of death			
Married, Single or Widowed	Married <i>Widow</i>			Name of Wife or Husband <i>Unknown</i>			
Father's Name	John Thompson			Father's Birthplace <i>Md.</i>			
Mother's Maiden Name	Rebecca			Mother's Birthplace <i>Md.</i>			
Name of person giving Information	Hospital records -			How related to deceased <i>none</i>			

CAUSES OF DEATH

27

Primary	<i>Pulmonary Tuberculosis</i>	How long	?
Immediate	<i>Exhaustion</i>	How long	<i>8 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>W. Henry Fisher M.D.</i>
		Address	<i>Sykesville Md.</i>
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Louis Michael

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lylesville		County Carroll		MARYLAND	
Date of death		Month 9	Day 25	Years 1909	Months 3	Days 8	
Sex Male		Color or Race White		Birth-place Virginia			
Occupation Traveling Salesman		Where Residing if not at place of death Springfield State Hosp.					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving Information Hospital records		How related to deceased					

CAUSES OF DEATH

67

How long

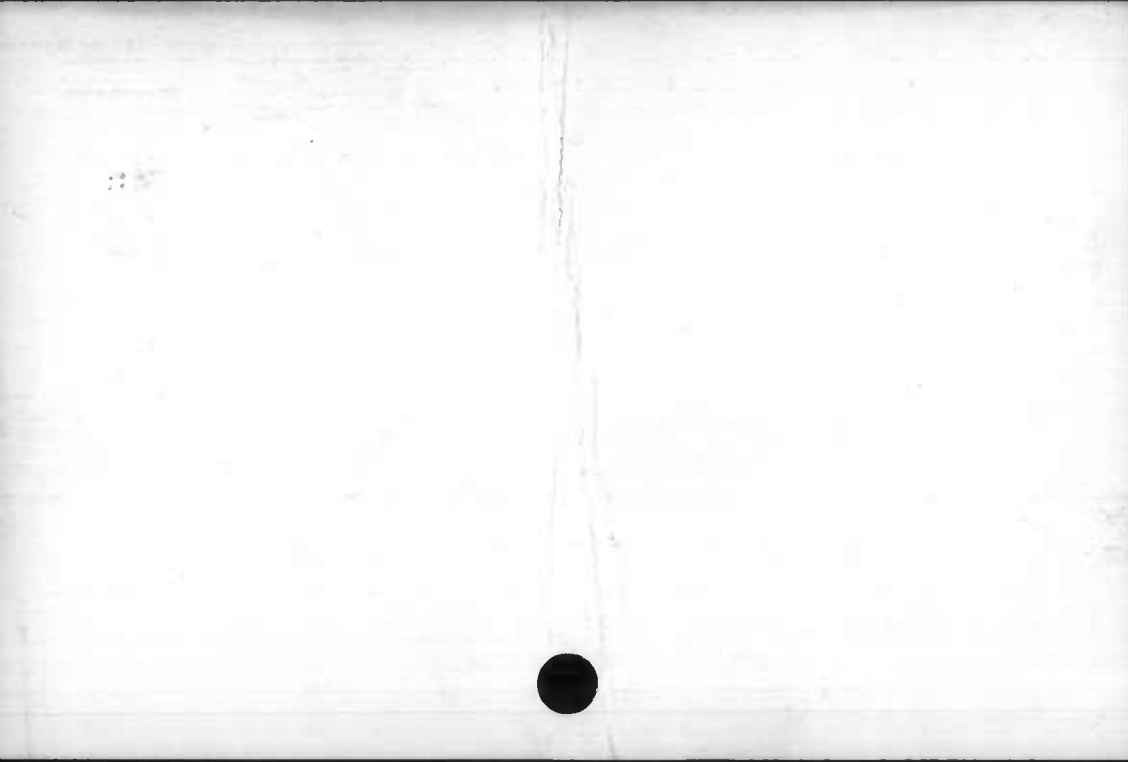
2 1/2 yrs

How long

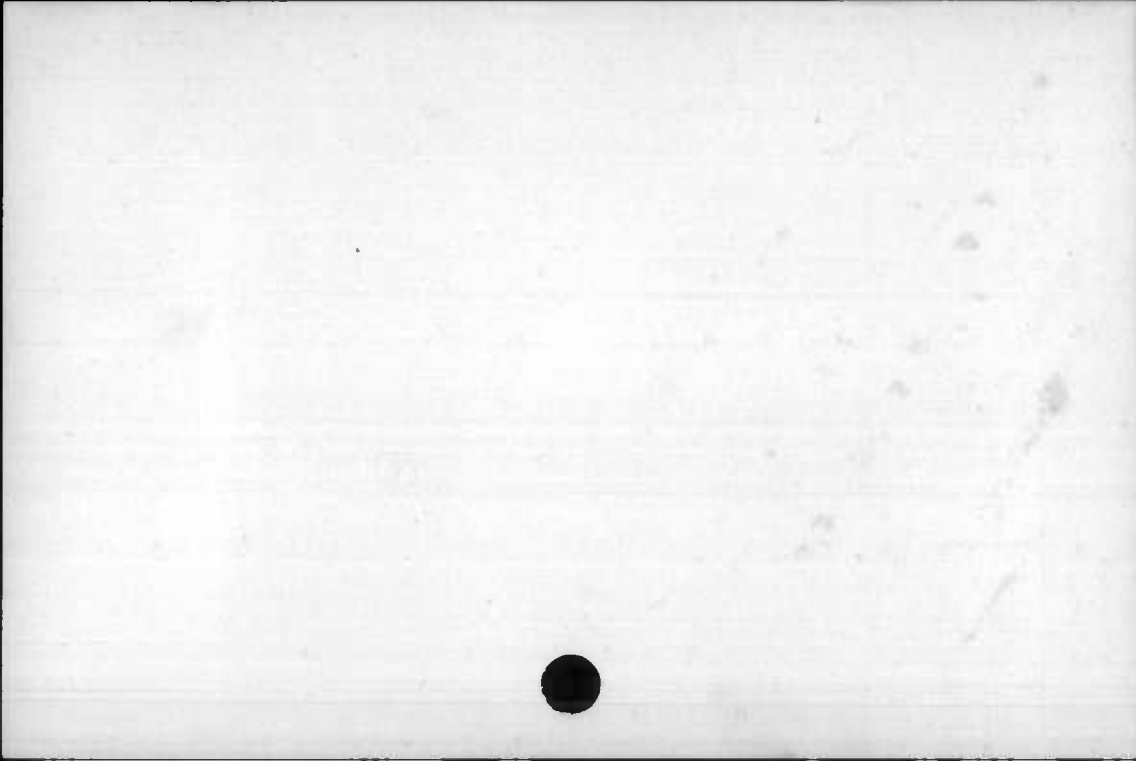
Progressive

PHYSICIAN
OR CORONER

Primary General Paresis		How long 2 1/2 yrs	
Immediate Exhaustion		How long Progressive	
Are the name, age, sex, color, data and place correctly given above? yes		Signature of Physician Earl H. Snively	
		Address Springfield State Hosp. Lylesville, Md.	
Accident or Suicide No.			



Name in Full Alvin Emerson Myers		CERTIFICATE OF DEATH	
Died at Hampshire Town Carroll County		MARYLAND	
Date of death 1909 Month 3 Day 8 Age X Years Months X Days 1			
Sex Male Color or Race White Birth-place Hampshire Md			
Occupation X Where Residing If not at place of death Same			
Married, Single or Widowed Single Name of Wife or Husband X			
Father's Name William F. Myers Father's Birthplace Fowlesburg Md			
Mother's Maiden Name Jessie L. Harris Mother's Birthplace Hampshire Md			
Name of person giving information Wm F. Myers How related to deceased Father			
CAUSES OF DEATH			
Primary Purpura Neurocalorum		How long 3 hrs	
Immediate Heart Failure		How long 1 hr	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Edgar M. Bush M.D.	
		Address Hampshire Md.	
Accident or Suicide? X			



Name
in
Full

Henry, H. Myer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

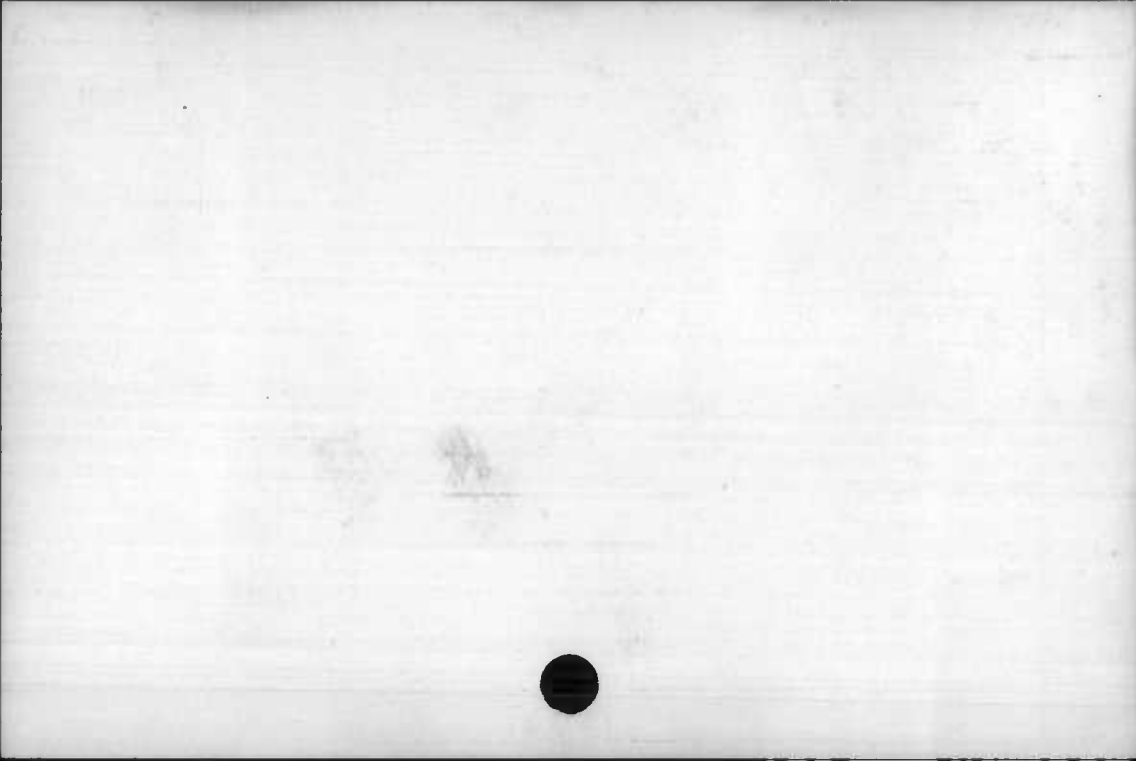
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Mar	6	74			
Sex		Color or Race		Birth-place			
Male		Negro		MI. City b ^o			
Occupation		Where Residing if not at place of death					
Laborer		MI. City.					
Married, Single or Widowed		Name of Wife or Husband					
widowed		unknown					
Father's Name		Father's Birthplace					
Hed Myer		unknown					
Mother's Maiden Name		Mother's Birthplace					
unknown		unknown					
Name of person giving information		How related to deceased					
daughter Ruth E. Myer		daughter					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Old age	How long	✓
Immediate	Old age	How long	✓
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Frank H. Lewis	
Address		Coroner	
Accident or Suicide?		N. H.	



Name
in
Full

Milton Lorenzo Penn

45-4
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>mar</i>	Day	<i>19</i>
Age		Years		Months	Days
<i>5</i>		<i>5</i>		<i>5</i>	<i>27</i>
Sex	<i>male</i>		Color or Race	<i>white</i>	
Birth-place	<i>Maryland</i>				
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>			Name of Wife or Husband		
Father's Name	<i>Lorenzo Penn</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Pearl Buckingham</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Lorenzo Penn</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia & Whooping Cough</i>	How long	<i>10 days</i>
Immediate	<i>Respiratory Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>T. C. Bauman</i>	
		Address	
		<i>Westminster Md</i>	
Accident or Suicide?			

Ruthel Cemetery Winfield
Homer

Name
in
Full

George Philleps

455
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	1909	Month	Mar	Day	21
Age		Years		Months	
69		1		Days 18	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birth-place	<i>Maryland</i>				
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Unknown</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	<i>" "</i>		Mother's Birthplace <i>Unknown</i>		
Name of person giving information	<i>August Humbert</i>		How related to deceased <i>Friend</i>		

CAUSES OF DEATH

93

Primary	<i>Pneumonia</i>	How long	<i>3 day.</i>
Immediate	<i>Heart.</i>	How long	<i>12 hours</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. S. Mathias.
Westminster
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

County Home Cemetery
Stoner,

Name
in
Full

Elsie May Pickett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

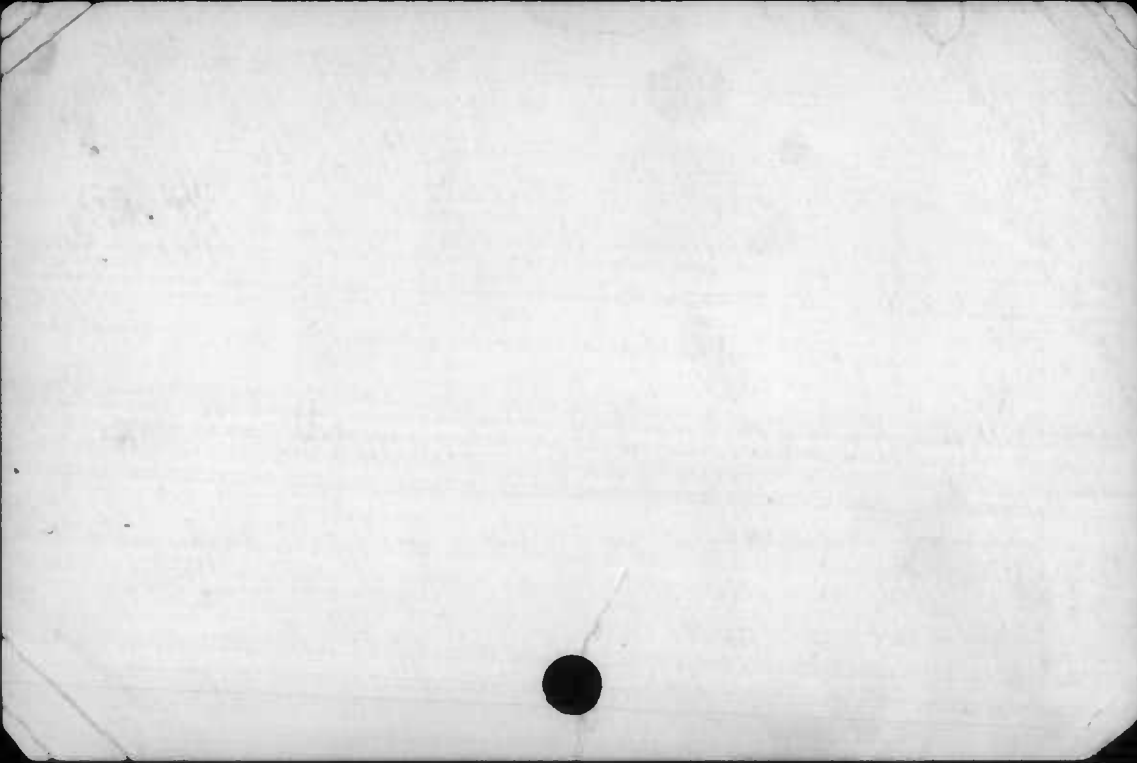
Died at		Town Daniel		County Carroll		MARYLAND	
Date of death	1909	Month Mar.	Day 15	Age	31	Months 11	Days 4
Sex	Female		Color or Race	white		Birth- place	Carroll Co.
Occupation	House wife			Where Residing if not at place of death same			
Married, Single or Widowed	Married		Name of Wife or Husband	Howard W Pickett			
Father's Name	Fletcher a Bail					Father's Birthplace	Carroll Co
Mother's Maiden Name	Sarah Pennington					Mother's Birthplace	Carroll Co.
Name of person giving In formation	Howard W Pickett					How related to deceased	Husband

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	Child-birth	How long	—
Immediate	Puerperal Peritonitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E D Cronk
		Address	Winfield Carroll Co.
Accident or Suicide?			



Name
in
Full

Lewis C. R. E. Pearer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near ^{Town} <i>Taylorville</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	1909	Month	13	Day	9
Age	24	Years	1	Months	26
Sex	Male	Color or Race	white	Birth-place	Maryland
Occupation	Laborer		Where Residing if not at place of death <i>near Taylorville</i>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	George F. Pearer			Father's Birthplace	Carroll Co. Md.
Mother's Maiden Name	Leanna Long			Mother's Birthplace	Fred. Co. Md.
Name of person giving information	Geo. F. Pearer			How related to deceased	Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Two years.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>A. T. Cronk.</i>	
		Address	
		<i>Mt Airy Md</i>	
Accident or Suicide?			

Bethany.

Name
in
Full

Conrad Reinhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

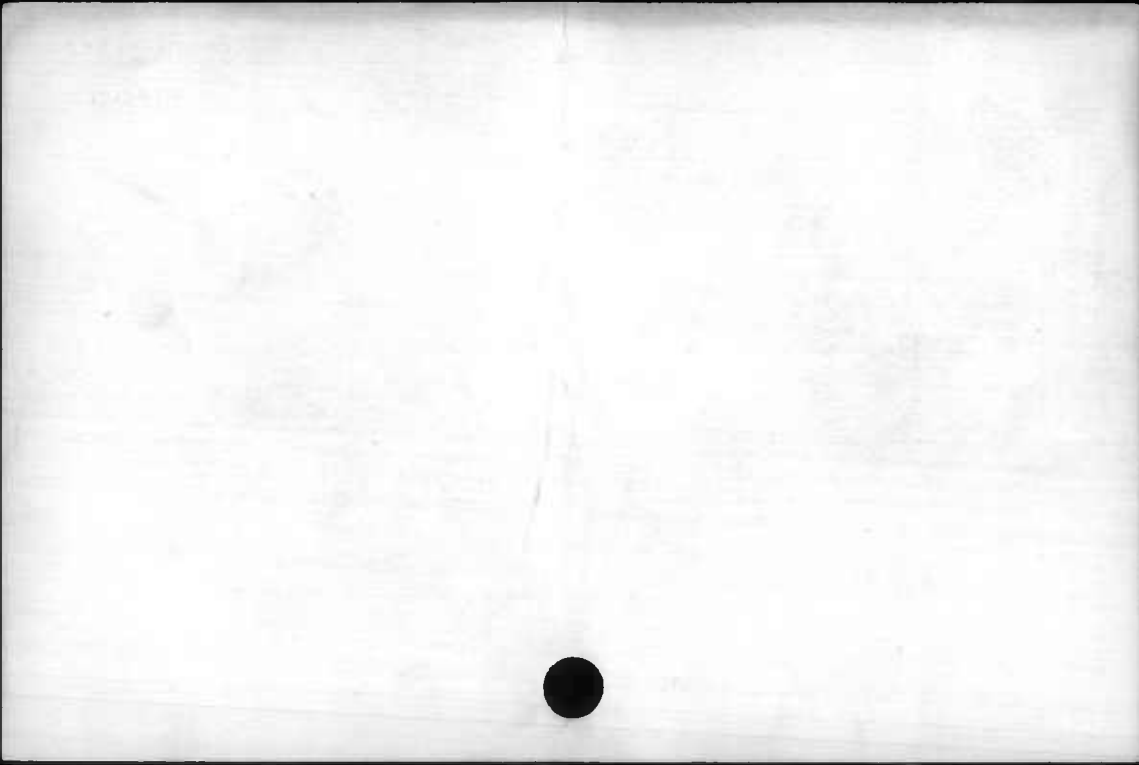
Died at		Town <i>Sylkesville</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909 March		26 th		Age 88	—	—	
Sex	Male		Color or Race	White		Birth-place	Germany
Occupation	Carpenter			Where Residing if not at place of death <i>Springfield State Hosp.</i>			
Married, Single or Widowed	Widower		Name of Wife or Husband	Unknown			
Father's Name	John Reinhardt			Father's Birthplace	Germany		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving Information	Hosp. Records			How related to deceased			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>		How long	<i>1 1/2 years.</i>
Immediate	<i>Hypostatic congestion of the lungs</i>		How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes.		<i>Earl H. Snively</i>	<i>Springfield State Hosp.</i>	
Accident or Suicide		<i>No.</i>	<i>Sylkesville, Md.</i>	



Name
in
Full

Elizabeth Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sykesville* Town *Carroll* County **MARYLAND**

Date of death *1909* Month *March* Day *18th* Age *69* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Virginia*

Occupation *None* Where Residing if not at place of death *-*

Married, Single *Single* or Widowed Name of Wife or Husband *-*

Father's Name *John T. Rice* Father's Birthplace *Va.*

Mother's Maiden Name *Mary Robinson* Mother's Birthplace *Va.*

Name of person giving Information *Mrs Mary S. Robinson* How related to deceased *Sister*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Senile Dementia* How long *over one year*

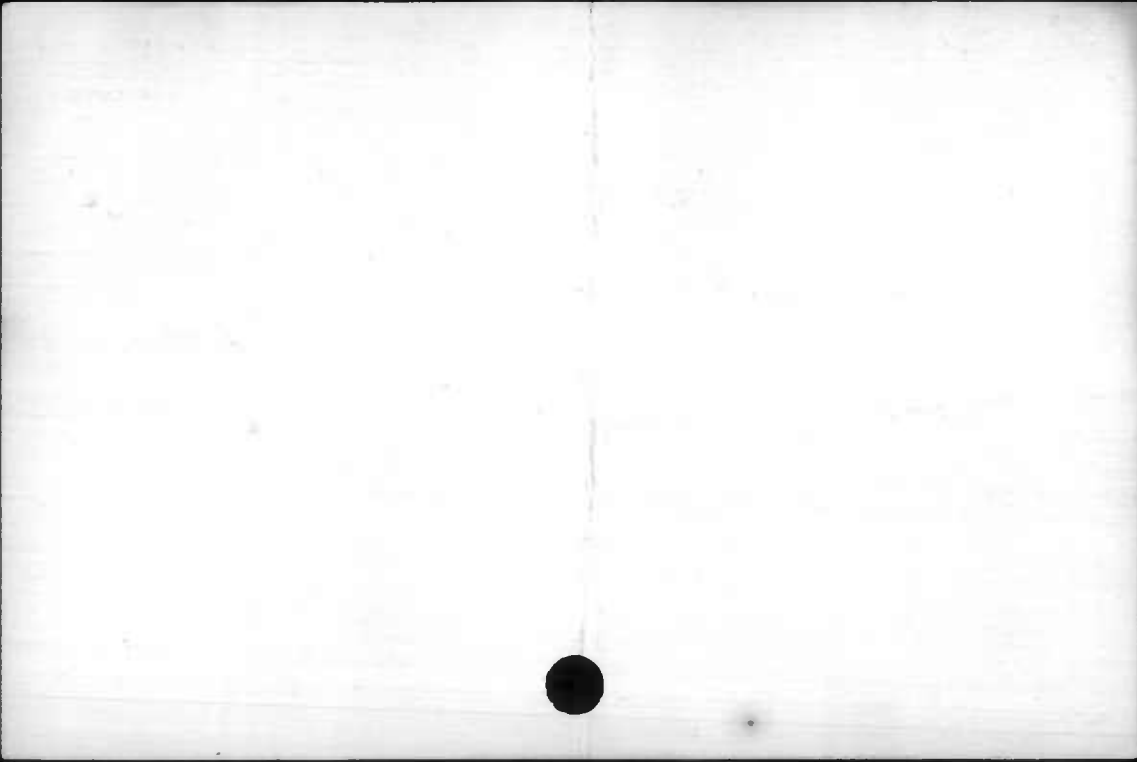
Immediate *Exhaustion from Malnutrition* How long *over 3 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John Norfolk Morris M.D.*

Address *Springfield State Hospital
Sykesville, Carroll Co. Md*

Accident or Suicide *-*



Name
in
Full

Elizabeth Robinson

451
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Warfieldsburg Carroll County MARYLAND

Date of death 1909 Mar Month 11 Day Age 1 Years Months Days

Sex Female Color or Race White Birth-place Maryland

Occupation none Where Residing if not at place of death _____

Married, Single or Widowed single Name of Wife or Husband _____

Father's Name Jesse Robinson Father's Birthplace Maryland

Mother's Maiden Name Carrie Carr Mother's Birthplace Maryland

Name of person giving Information Jesse Robinson How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Premature Birth How long _____

Immediate at 7 month. Heart Failure How long _____

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Chas. R. Fouch

Address Westminster

Accident or Suicide _____

Warfieldsburg Cemetery
Stone

Name
in
Full

CERTIFICATE OF DEATH

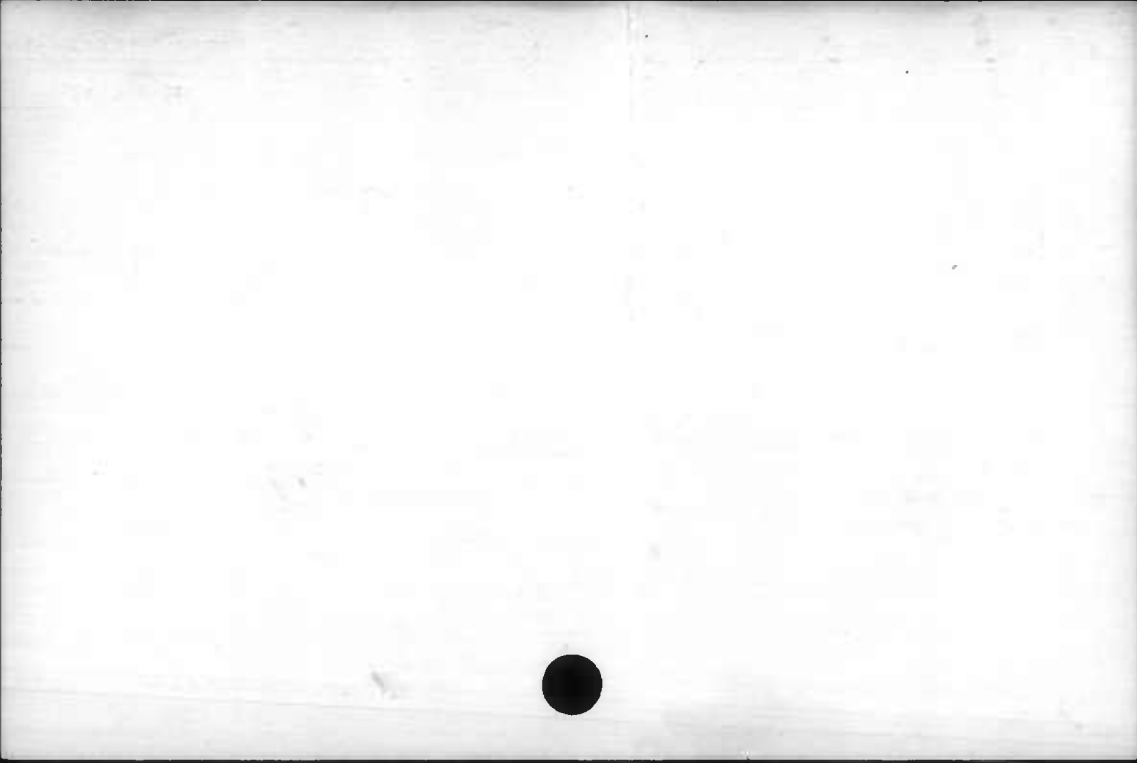
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sylkesville</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month} <u>March</u> ^{Day}		<u>2nd</u> ^{Years}		Age <u>73</u> ^{Months} <u>—</u> ^{Days} <u>—</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ind.</u>	
Occupation <u>Stock Buyer</u>		Where Residing if not at place of death <u>Springfield State Hosp</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Unknown</u>			
Father's Name <u>Robert H. Rouse</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving Information <u>Hospital Records</u>		How related to deceased <u>64</u>			

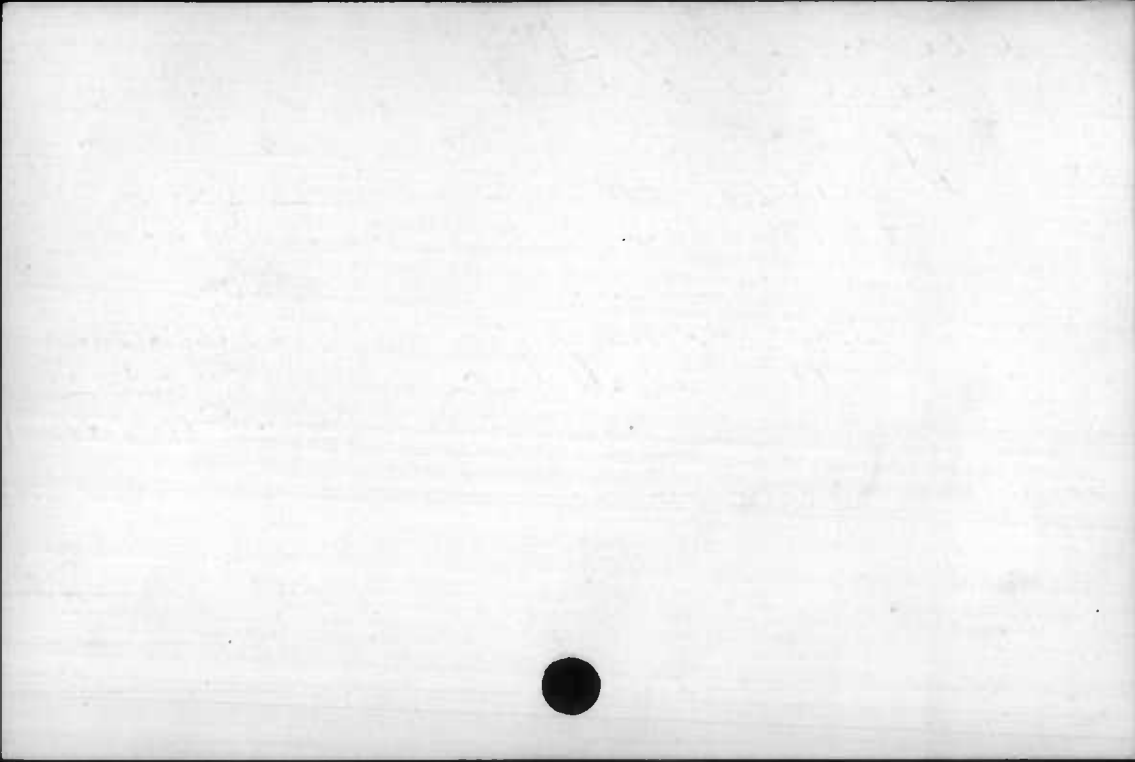
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Senile Dementia</u>	How long	<u>4 years</u>
Immediate	<u>Cerebral Apoplexy</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Earl H. Snavely</u>	
		Address <u>Springfield State High</u> <u>Sylkesville, Ind.</u>	
Accident or Suicide <u>No.</u>			



Name in Full Ella M Rupp		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Lippe Road <small>Town</small>		Carroll <small>County</small>		MARYLAND
	Date of death 1909	3 <small>Month</small>	30 <small>Day</small>	50 <small>Years</small>	6 <small>Months</small>
			2 <small>Days</small>		
	Sex Female	Color or Race White	Birth-place Jefferson Pa		
	Occupation House Wife	Where Residing if not at place of death Lippe Road			
	Married, Single or Widowed Married	Name of Wife or Husband George Rupp			
	Father's Name Lerrard Kopp	Father's Birthplace Germany			
Mother's Maiden Name Mary Miller	Mother's Birthplace " " " "				
Name of person giving In formation George Rupp		How related to deceased Husband			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Permeous Anaemia			54 <small>How long</small>
	Immediate	Angina Pectoris			3 years <small>How long</small>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Sherman		
			Address Manchester Md		
	Accident or Suicide?				



Name
in
Full

453

CERTIFICATE OF DEATH

Mary Jayne Sappington
Town Westminister County Carroll

MARYLAND

Diad at Date of death 1909 Mar 16 Age 44 Months 16 Days 16

Sex Female Color or Race Colored Birth-place Maryland

Occupation General Housework Where Residing if not at place of death

Marriad, Single or Widowed Single Name of Wife or Husband

Father's Name Perry Sappington

Father's Birthplace Virginia

Mother's Maiden Name Louisa Sappington

Mother's Birthplace Virginia

Name of person giving information Edward J. Horsey

How related to deceased Step Brother

CAUSES OF DEATH

91

Primary Hard work & exposure.

How long Same year

Immediate Brain hemorrhage

How long 6 months.

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician D. B. Shipley, M.D.

So far as I know

Address Westminister Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

St Ellsmo's cemetery
Stones.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

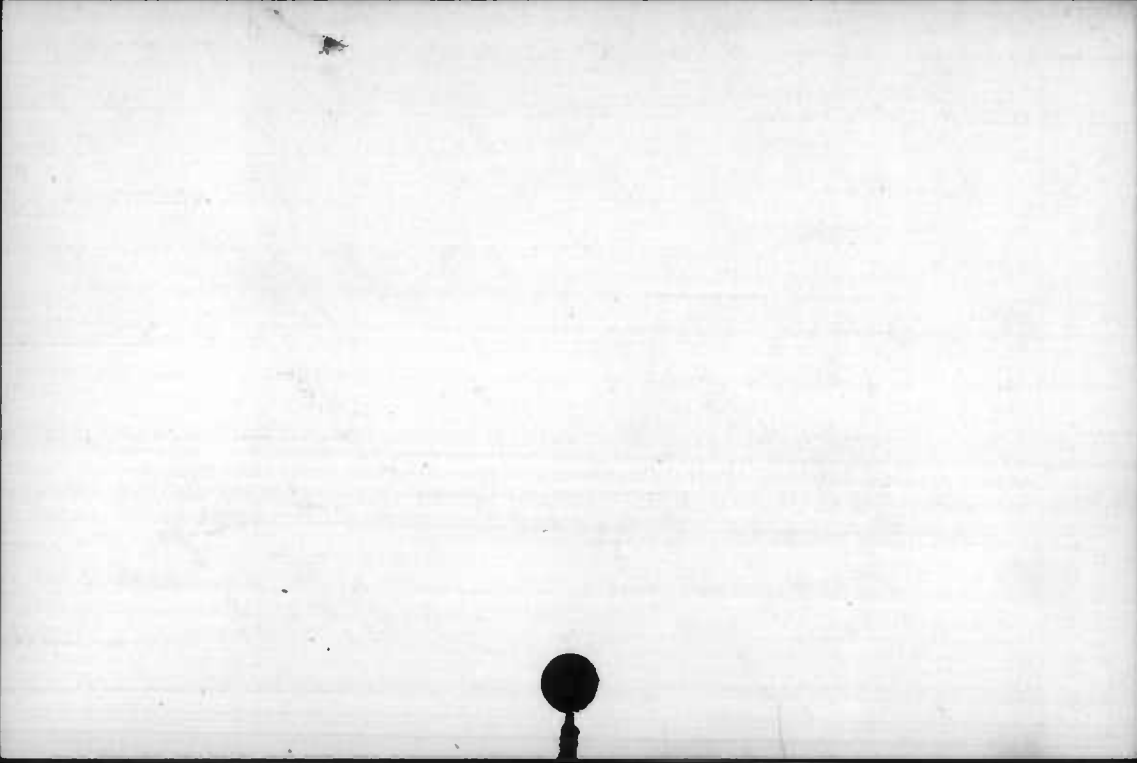
Name in Full David Shaffer		Town Greenmount		County Carroll		MARYLAND	
Died at		Month 3		Day 14		Years 81	
Date of death 1909		Age 81		Months 7		Days 27	
Sex Male		Color or Race White		Birth-place Carrollton			
Occupation Farmer		Where Residing If not at place of death ✓					
Married, Single or Widowed Widower		Name of Wife or Husband Annie Shaffer					
Father's Name Moses Shaffer		Father's Birthplace Not Known					
Mother's Maiden Name Not Known		Mother's Birthplace " "					
Name of person giving information Thos Shaffer		How related to deceased Son					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular disease of Heart with Dropsy	How long 2 yrs.
Immediate	Heart Failure	How long 10 minutes
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. H. Preston M.D.
		Address Manchester, Md.
Accident or Suicide?		



Name
in
Full

Victoria Shaffer ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

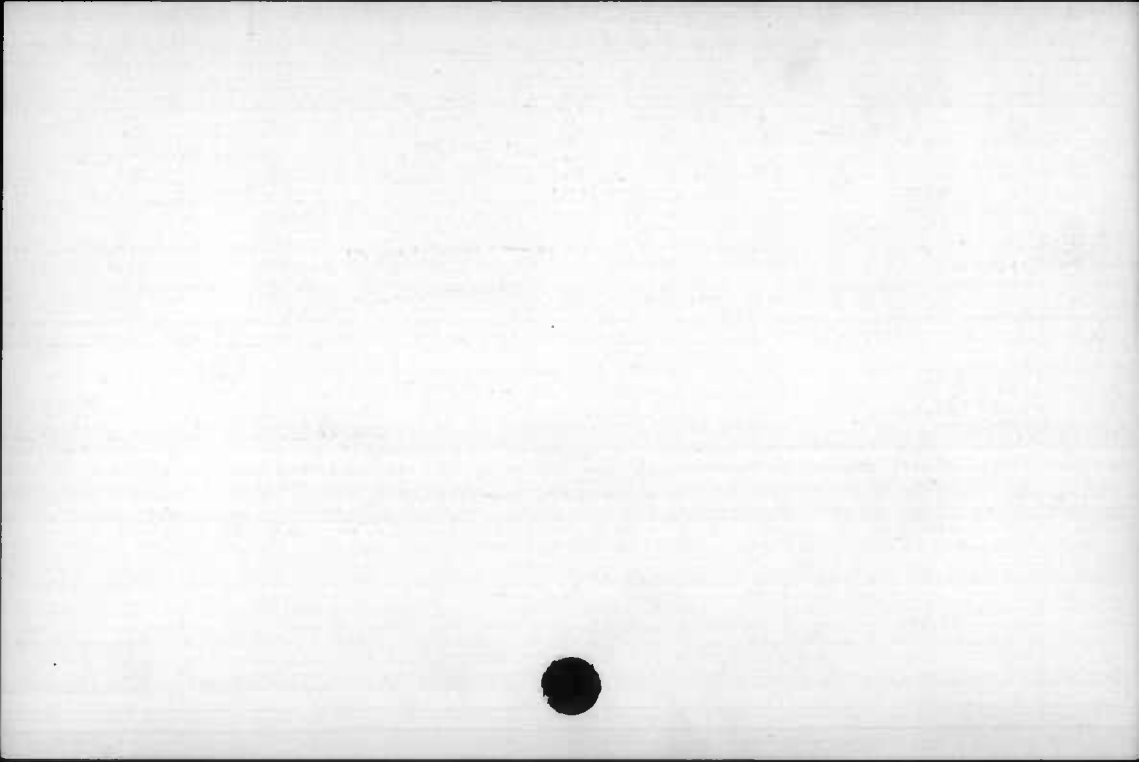
Died at		Town Greenmount		County Carroll		MARYLAND	
Date of death	1909	Month March	Day 19	Age 65	Years	Months 11	Days 3
Sex	Female		Color or Race	White		Birth- place	Westminster
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Joshua Shaffer			
Father's Name	David Gregg				Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	Joshua Shaffer				How related to deceased	Husband	

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary	Carcinoma of Nucleus		How long	4 years
Immediate	Gum gum		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J H Sherman M.D.
			Address	Manchester Md
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

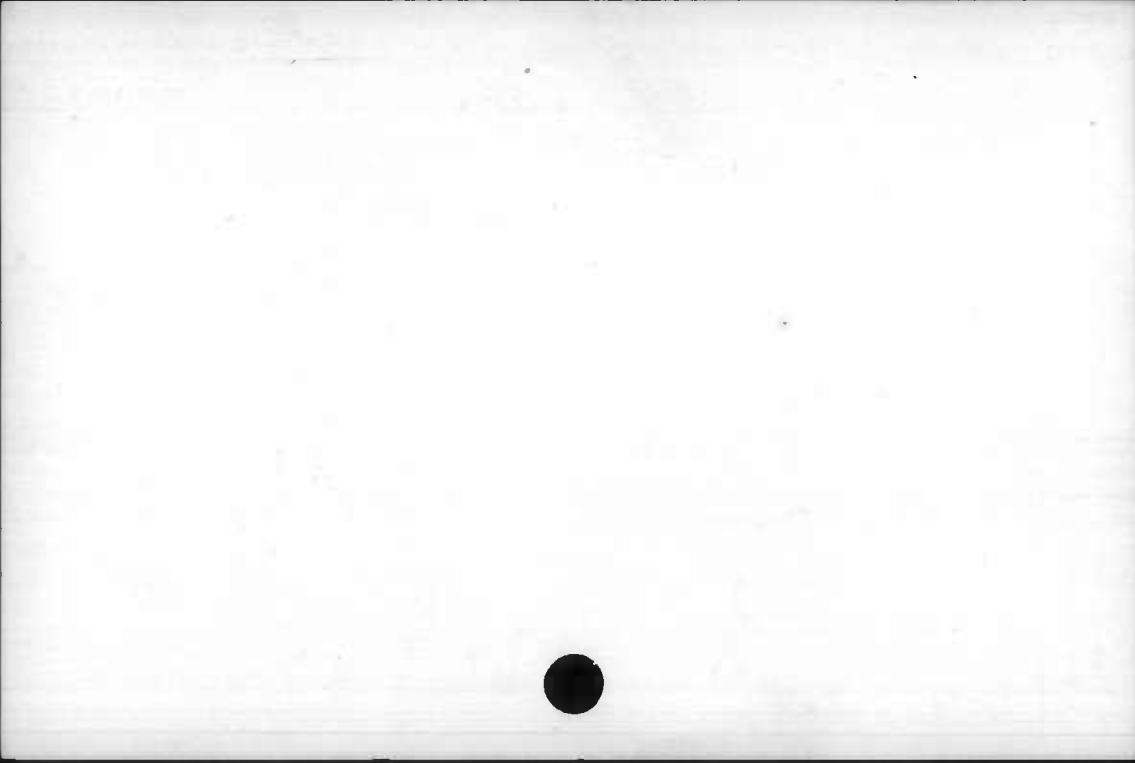
Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
190		9 Mch.		3		8 Months	
Age		78		3		Days	
Sex		Male		Color or Race		white	
Occupation		Farmer & Miller		Birth place		Middleburg, Md.	
Where Residing if not at place of death		at place of death		Married, Single or Widowed		Widower	
Name of Wife or Husband		wife - deceased -		Father's Name		John J. Shriner	
Father's Birthplace		Taneytown, Md.		Mother's Maiden Name		Stultz	
Mother's Birthplace		Unknown		Name of person giving Information		Eda Shieldt	
How related to deceased		Daughter,					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Disease of heart	How long	Several years
Immediate	Paralysis of heart	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. V. Diller	
Address		Detroit, Maryland	
Accident or Suicide		No -	



Name
in
Full

Thomas S. Stabler

CERTIFICATE OF DEATH

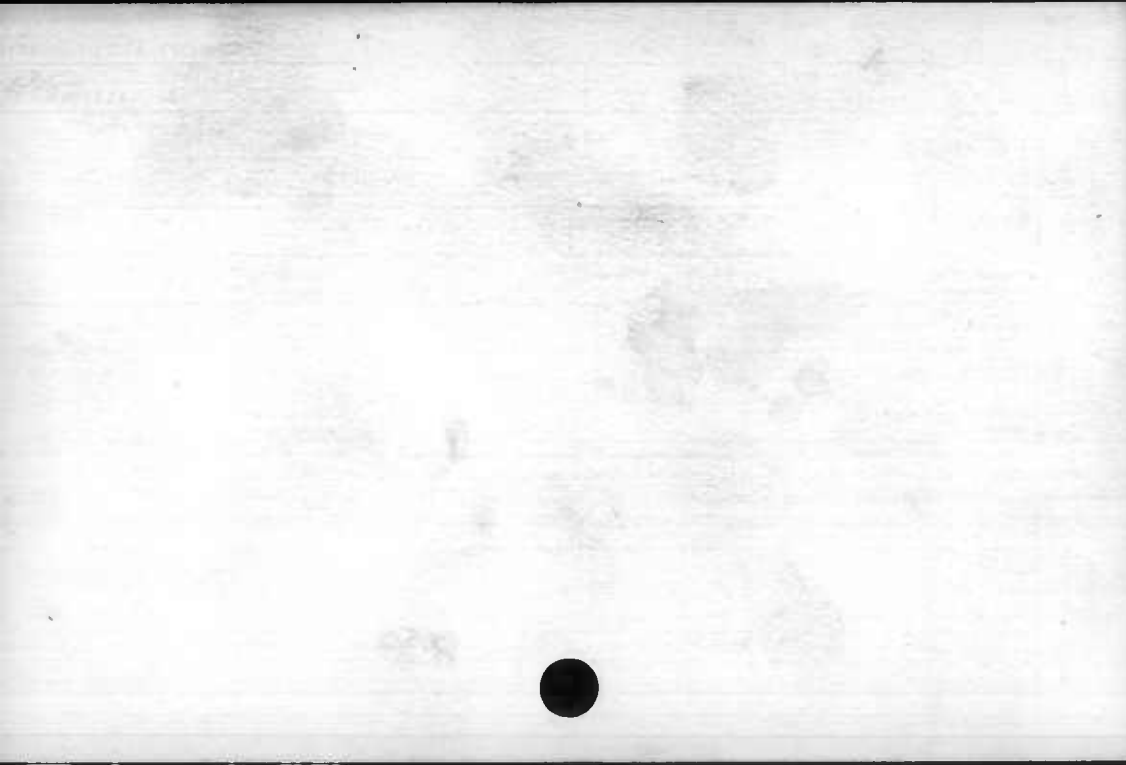
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County		MAYLAND	
Date of death	1909	Month	March	Day	29	Age	70
Sex	Mr.	Color or Race	White	Birth-place	Virginia	Months	Days
Occupation	Tobaccoist			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband <i>Unknown</i>			
Father's Name	Robt. Stabler			Father's Birthplace		Va	
Mother's Maiden Name	Mary (unknown)			Mother's Birthplace		Va	
Name of person giving Information				How related to deceased		120	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chr. Nephritis</i>	How long	<i>5 years</i>
Immediate	<i>Uraemia</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas. J. Casey</i>
		Address	<i>Sykesville Md.</i>
Accident or Suicide	<i>No</i>		



Name
in
Full

Leah Stuller ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *New Windsor* *Carroll* County

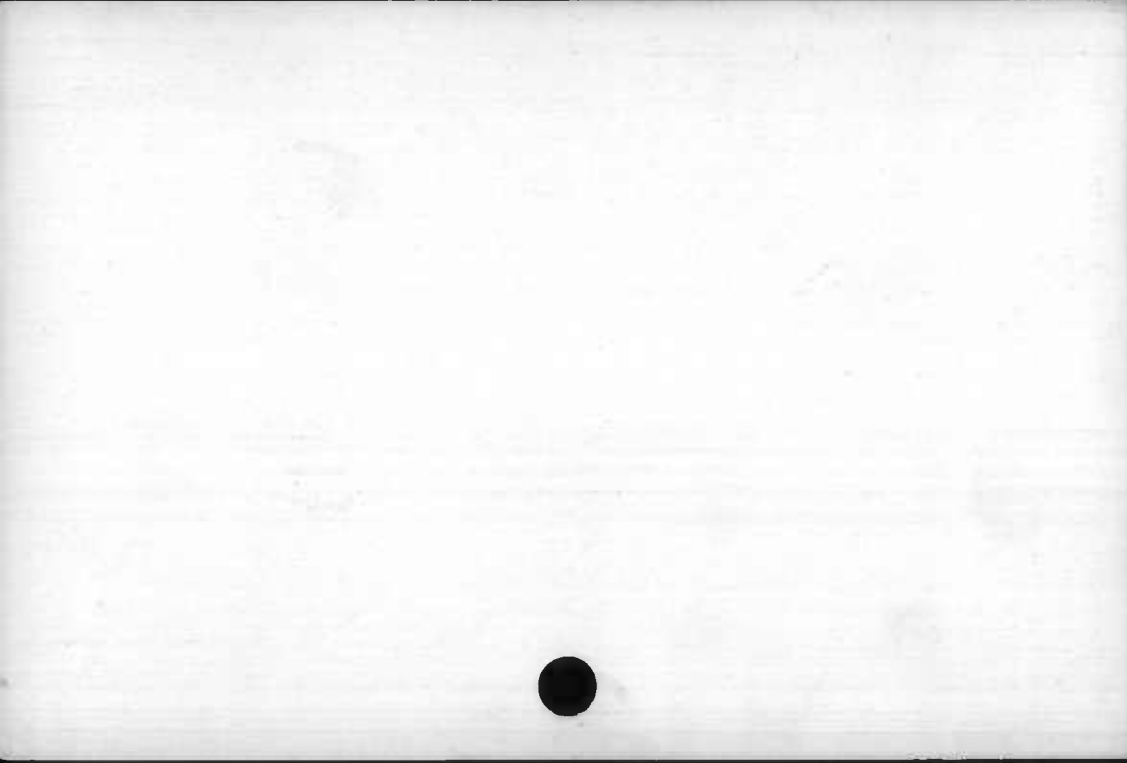
MARYLAND

Date of death *1909* *March* *10* *Age* *79*Months *1* Days *15*Sex *Female* Color or Race *White* Birth-place *Maryland*Occupation *House Wife* Where Residing if not at place of death *New Windsor*Married, Single or Widowed *Widowed* Name of Wife or Husband *John Stuller*Father's Name *Samuel Young* Father's Birthplace *unknown*Mother's Maiden Name *Elizabeth Wheimert* Mother's Birthplace *unknown*Name of person giving information *Edward J. Stuller* How related to deceased *son*

CAUSES OF DEATH

44

PHYSICIAN
OR CORONERPrimary *Carcinoma (Nasae)* How long *One year*Immediate *5* How longAre the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. Ira E. Whitehill*Address *New Windsor*
*Md*Accident or Suicide? *—*



Name
in
FullNo 458
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Catherine Wauzy</i>		Town <i>Mt Pleasant</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Mt Pleasant</i>		Date of death <i>1909</i>		Month <i>Mar</i>		Day <i>28</i>	
Age <i>68</i>		Years <i>68</i>		Months <i>6</i>		Days <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>House Keeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Noah Wauzy</i>					
Father's Name <i>John Humbert</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Rachel Warehime</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Noah Wauzy</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>18 Month</i>
Immediate	<i>Oedema of lungs and heart failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>L. Lewis Wetzel M.D.</i>	
Address		<i>Union Mills Maryland.</i>	
Accident or Suicide?			

Pleasant Valley Ceme
stony

Name in Full		No 457 CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Town</i> <i>Bachmans Mill</i>		County <i>Cornell</i>		MARYLAND		
	Date of death	1907	Month	Mar	Day	26	
	Age		Years	Months	Days	2	
	Sex	Female		Color or Race	White		
	Birthplace	Maryland					
	Occupation	Where Residing if not at place of death					
	Married, Single or Widowed	Single		Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name		Leornach Warehime		Father's Birthplace	Maryland	
	Mother's Maiden Name		Maudela Lucabaugh		Mother's Birthplace	Maryland	
	Name of person giving information		Leornach Warehime		How related to deceased	Father	
	<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(176)</div>						
PHYSICIAN OR CORONER	Primary	Traumatism during delivery				How long	48 hrs
	Immediate	Shock -				How long	3 hrs
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	L. Lewis Wetzel	
					Address	Union Mills	
Accident or Suicide?				per. Chas. R. Foutz M.D. H.O.			

Bachmans Cemetery
Stoner

Name
in
Full

CERTIFICATE OF DEATH

Ephraim Wentz

Town

County

MARYLAND

Died at

Union Bridge

Date

of death

1909

Month

Mar

Day

19

Age

72

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Jacob Wentz

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Keller

Mother's
Birthplace

unknown

Name of person giving
Information

Elijah Wentz

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Cerebral Degeneration

How long

How long

Immediate

General asthemia

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. H. Legg.

Address

Union Bridge, Md

Accident or Suicide

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edward Mero

NO 456
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death		Month 1909	Day mar	Age 24	Years 74	Months	Days
Sex Male		Color or Race White		Birth- place Switzerland			
Occupation Laborer				Where Residing if not at place of death County Home.			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name Don't / know				Father's Birthplace Don't / know			
Mother's Maiden Name Don't / know				Mother's Birthplace Don't / know			
Name of person giving In formation Augustus Humbert				How related to deceased Friend.			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary		Heart Disease		How long	
Immediate		"		How long Half minute	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. S. Mathias			
		Address Westminster Md.			
Accident or Suicide?					

German Lutheran Cemetery
Stoner.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

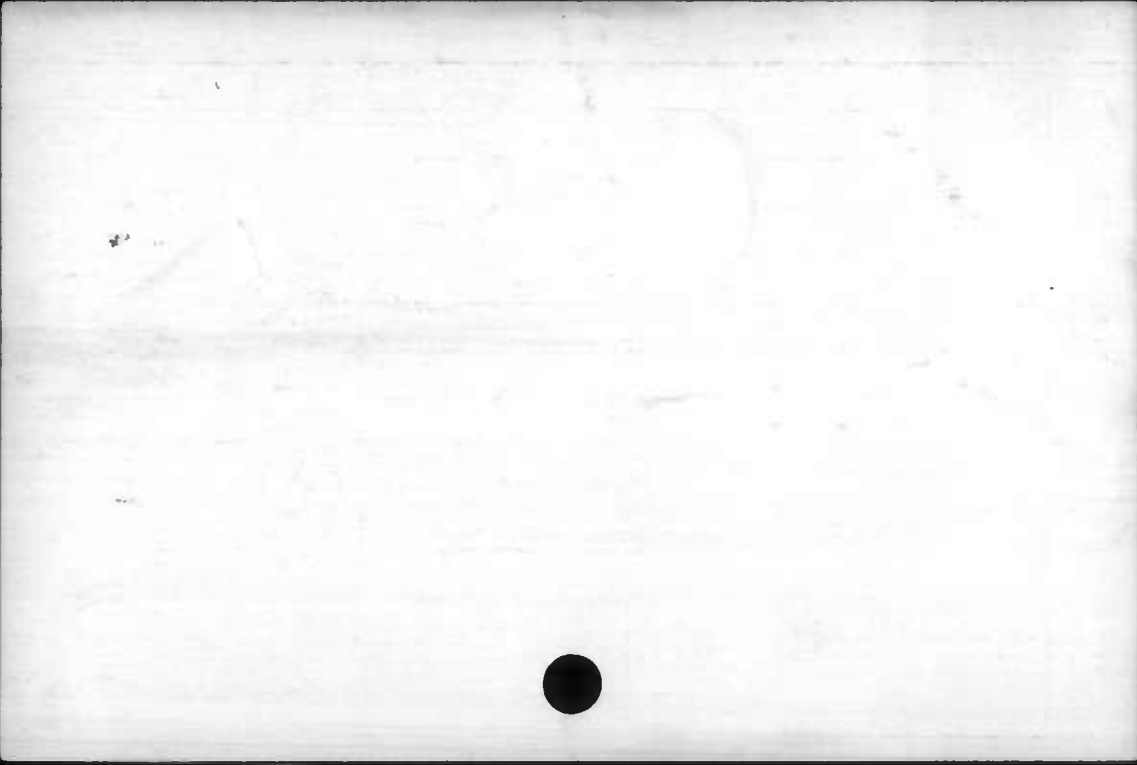
Name in Full <i>Jacob A. Will</i>		Town <i>Near Taneytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death 1909 March 18		Age 60		Months 9		Days 0	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Adams Co Pa</i>			
Occupation <i>Watchman</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Annie Will</i>					
Father's Name <i>Francis Will</i>		Father's Birthplace <i>Adams Co Pa</i>					
Mother's Maiden Name <i>Margaret McKendrick</i>		Mother's Birthplace <i>Adams Co Pa</i>					
Name of person giving Information <i>J. A. Smith</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

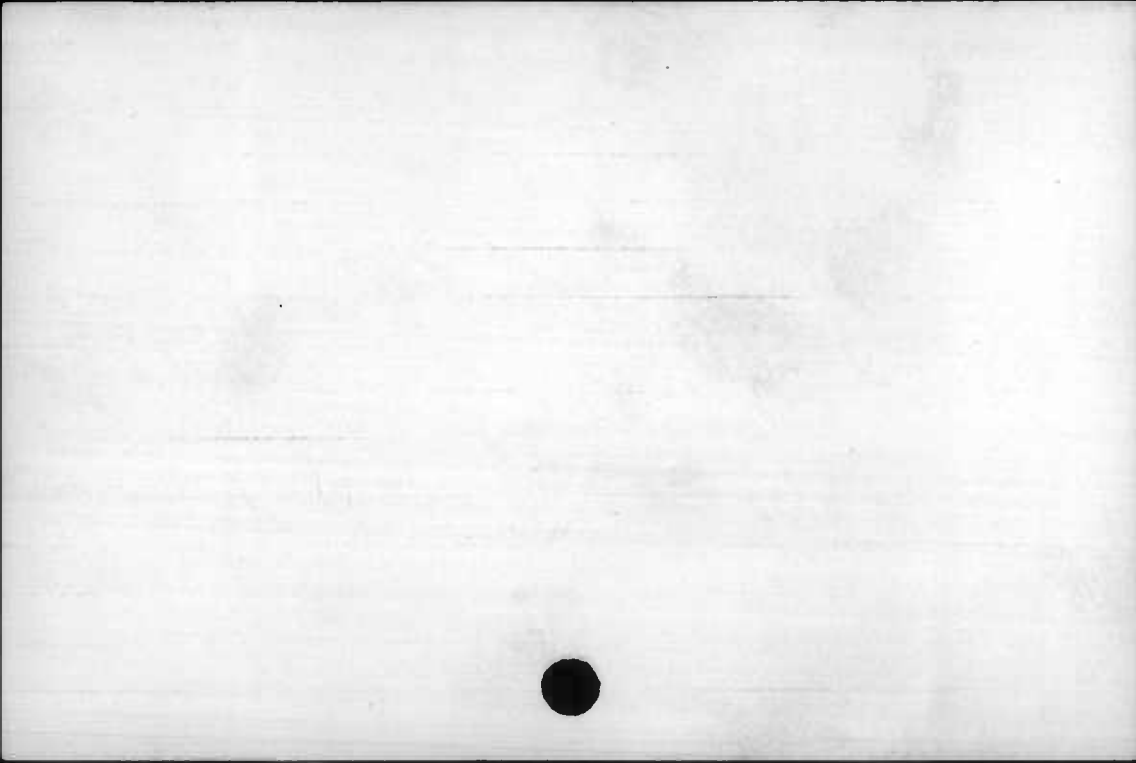
93

Primary	<i>Exposure</i>	How long	
Immediate	<i>Pneumonia</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Charles B. Loef</i>	
		Address <i>Taneytown</i>	
Accident or Suicide		<i>yes</i>	

PHYSICIAN
OR CORONER



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Manchester</u> <small>Town</small>		<u>County of Carroll</u> <small>County</small>		MARYLAND		
		Date of death <u>1909</u>	<u>3</u> <small>Month</small>	<u>29</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>	
		Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Manchester</u>			
		Occupation <u> </u>		Where Residing if not at place of death <u>Manchester</u>				
		Married, Single or Widowed <u> </u>	Name of Wife or Husband <u>Charles N. Yingling</u>					
PHYSICIAN OR CORONER		Father's Name <u>Charles N. Yingling</u>		Father's Birthplace <u>Manchester</u>				
		Mother's Maiden Name <u>Sarah B. Zimmerman</u>		Mother's Birthplace <u>Manchester</u>				
		Name of person giving information <u>Charles N. Yingling</u>		How related to deceased <u>Father</u>				
<div style="text-align: center;"> <div>CAUSES OF DEATH</div> <div>151</div> </div>								
PHYSICIAN OR CORONER		Primary <u>Premature Birth</u>		How long <u>Lived 1 day</u>				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. H. Sherman M.D.</u>				
				Address <u>Manchester</u>				
PHYSICIAN OR CORONER		Accident or Suicide?						



Name
in
Full

Mandelia Jungling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sydersburg* ^{Town}

County

Carroll

Date

of death

1909

Month

March

Day

22

Age

Years

72

Months

8

Days

18

Sex

*Female*Color or
Race*White*Birth-
place*Adams Co Pa*

Occupation

*Housewife*Where Residing If not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*John Jungling*Father's
Name*Samuel Ragle*Father's
Birthplace*Jefferson Pa*Mother's
Maiden Name*Susan Mancher*Mother's
Birthplace*Lillesburg Pa*Name of person giving
Information*Miss Susan Robtbaugh*How related
to deceased*Daughter*

CAUSES OF DEATH

10

Primary

La Grippe

How long

How long

8 weeks

Immediate

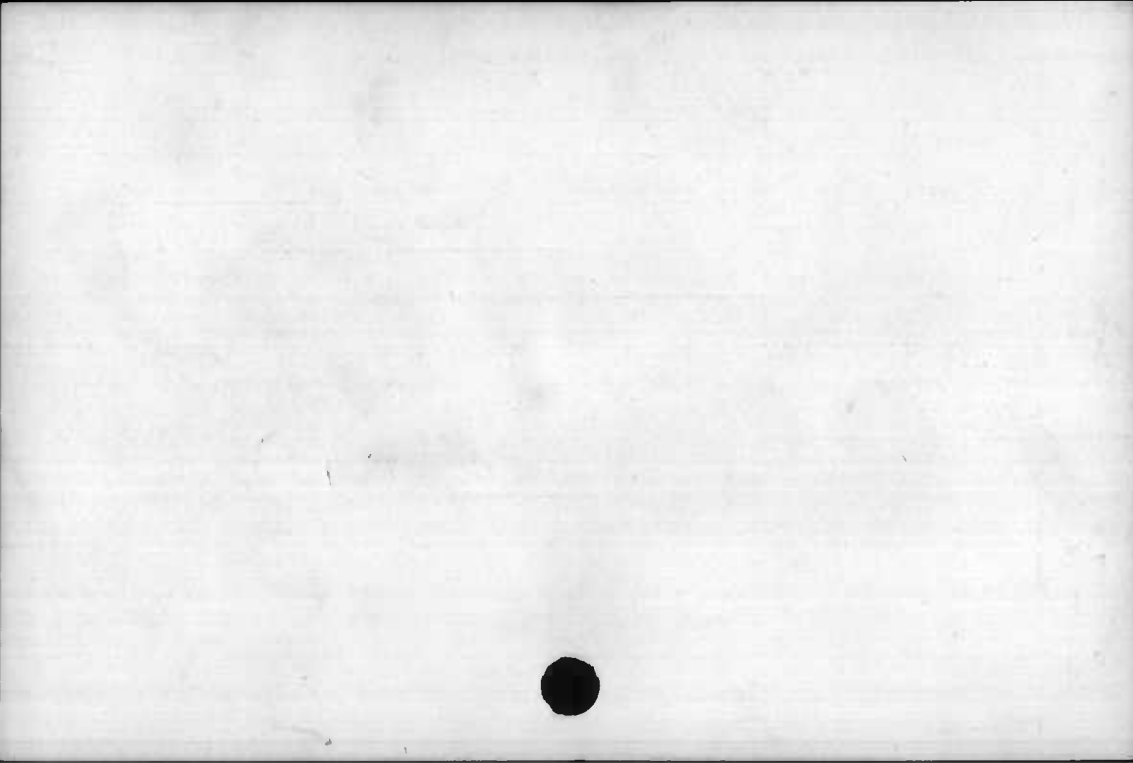
*Dysentery*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*J H Sherman MD
Manchester
Md*

Accident or Suicide?

PHYSICIAN
OR CORONER*6*



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Barack Jane Tiler* ✓
 Died at *New Windsor Carroll* County
 Date of death *1908* Month *March* Day *8* Age *85* Years Months *—* Days *—*
 Sex *Female* Color or Race *Black* Birth-place *Virginia*
 Occupation *Home Wife* Where Residing if not at place of death *New Windsor*
 Married, Single or Widowed *Widow* Name of Wife or Husband *Joseph Tiler*
 Father's Name *Unknown* Father's Birthplace *Unknown*
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
 Name of person giving information *Geo. Digney* How related to deceased *son*

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary *Cardiac Mitros* How long *18 months*
 Immediate *Exhaustion* How long *2 weeks*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Walter J. Deatty*
 Address *New Windsor Md.*
 Accident or Suicide? *—*

